#### Case 18-22657 Doc 1 Filed 08/10/18 Entered 08/10/18 17:40:50 Desc Main Document Page 1 of 74

| Fill in this information to identify your case: |                               |  |                  |
|---|-------------------------------|--|------------------|
| United States Bankruptcy Court for the:         |                               |  |                  |
|   |                               |  |                  |
| Northern District of: Illinois (State)          |                               |  |                  |
| Case number (if known)                          | Chapter you are filing under: |  |                  |
|   | Chapter 7                     |  |                  |
|   | Chapter 11                    |  |                  |
|   | Chapter 12                    |  | Check if this is |
|   | Chapter 13                    |  | amended filing   |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                               |   |
|---|-------------------------------|---|
|   | About Debtor 1:               | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name  | Eric<br>First name            | First name                                    |
| Write the name that is on<br>your government-issued<br>picture identification (for<br>example, your driver's<br>license or passport | Middle name  Dobbs  Last name | Middle name  Last name                        |
| Bring your picture identification to your meeting with the trustee.   | Suffix (Sr., Jr., II, III)    | Suffix (Sr., Jr., II, III)                    |
| All other names you have used in the last 8 years   | First name                    | First name                                    |
| Include your married or   | Middle name                   | Middle name                                   |
| maiden names.   | Last name                     | Last name                                     |
|   | First name                    | First name                                    |
|   | Middle name                   | Middle name                                   |
|   | Last name                     | Last name                                     |
| Only the last 4 digits of your Social Security number or federal Individual   | XXX - XX- 4301<br>OR          | XXX - XX                                      |
| Taxpayer Identification number  | 9 xx - xx-                    | 9 xx - xx-                                    |

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| Debtor 1 Eric<br>First Name                                  | Dobbs Middle Name Last Name  | Case number (if known)   |
|--|--|--|
|  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. Any business names and Employer                           | I have not used any business names or EINs.  | I have not used any business names or EINs.  |
| Identification<br>Numbers (EIN) you<br>have used in the last | Business name  | Business name  |
| 8 years Include trade names and                              | Business name  | Business name  |
| doing business as names                                      | EIN  | EIN  |
|  | EIN  | EIN  |
| 5. Where you live  |  | If Debtor 2 lives at a different address:  |
|  | Number Street  | Number Street  |
|  | Chicago Illinois 60636 City State Zip Code   | City State Zip Code  |
|  | Cook   | Oity State Zip Code  |
|  | County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                    | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.   |
|  | Number Street  | Number Street  |
|  | City State Zip Code  | City State Zip Code  |
| 6. Why you are choosing this district to file for bankruptcy | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |

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| De  | ebtor 1 Eric  |   |   | Case number (if kno   | wn)   |
|-----|---|---|---|---|---|
|     | First Name  | Middle Name   | Last Name   |   |   |
| Pa  | rt 2: Tell the Court Abo  | ut Your Bankruptcy Case   |   |   |   |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | Check one. (For a brief description Bankruptcy (Form B2010)). Also Chapter 7 Chapter 11 Chapter 12 Chapter 13   |   |   | C. § 342(b) for Individuals Filing for opriate box.   |
| 8.  | How you will pay the fee  | more details about how y cashier's check, or mone may pay with a credit care.  I need to pay the fee in infludividuals to Pay Your Fill I request that my fee be judge may, but is not required the official poverty line the | you may pay. Typically, if you you may pay. Typically, if you or or check with a pre-printer installments. If you choose Filing Fee in Installments (Or waived (You may request quired to, waive your fee, and hat applies to your family sixyou must fill out the Application. | ou are paying the<br>submitting your p<br>ed address.<br>this option, sig<br>official Form 103,<br>this option only<br>d may do so only<br>ze and you are u | the clerk's office in your local court for e fee yourself, you may pay with cash, payment on your behalf, your attorney in and attach the <i>Application for</i> A).  If you are filing for Chapter 7. By law, a y if your income is less than 150% of unable to pay the fee in installments). If e Chapter 7 Filing Fee Waived (Official |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | Yes. District  District  District   | When<br>When<br>When  | MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY  | Case number  Case number  Case number   |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  Yes. Debtor  District  Debtor  District  | When When   | MM / DD / YYYY  | Relationship to you  Case number, if known  Relationship to you  Case number, if known  |
| 11. | Do you rent your residence?   | ✓ No. Go to line 12  ✓ Yes. Fill out <i>Initia</i>  |   | -   | ot You (Form 101A) and file it with   |

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Debtor 1 Eric Dobbs Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Eric Dobbs Case number (if known)

#### First Name Middle Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. The law requires that Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for

waiver of credit counseling with the court.

waiver of credit counseling with the court.

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| Debtor 1 Eric  | Dobbs  | Case number (i   | if known)  |
|--|--|--|--|
| First Name   | Middle Name Last Na  | me   |  |
| Part 6: Answer These Que   | estions for Reporting Purposes   |  |  |
| 16. What kind of debts do you have?  | "incurred by an individual print." No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily busi   | narily for a personal, family, or ho<br>iness debts? Business debts are<br>tment or through the operation o  | e debts that you incurred to obtain of the business or investment. |
| 17. Are you filing under   | No. I am not filing under Chapter  | 7. Go to line 18.  |  |
| Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that funds  No.  | o you estimate that after any exemp<br>will be available to distribute to uns  | ot property is excluded and administrative secured creditors?      |
| 18. How many creditors do you estimate that you owe?   | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000               |
| 19. How much do you estimate your assets to be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  |  |
| 20. How much do you estimate your liabilities to be?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  |  |
| Part 7: Sign Below   |  |  |  |
| For you  | correct.  If I have chosen to file under Chapte of title 11, United States Code. I under Chapter 7.  If no attorney represents me and I did out this document, I have obtained a I request relief in accordance with the I understand making a false statemed connection with a bankruptcy case both. 18 U.S.C. §§ 152, 1341, 1519 | er 7, I am aware that I may proceed derstand the relief available under and read the notice required by the chapter of title 11, United Statent, concealing property, or obtain can result in fines up to \$250,000, and 3571. | tes Code, specified in this petition.                              |
|  | /s/ Eric Dobbs   | <b>*</b>   |  |
|  | Signature of Debtor 1  | Signatu  | ire of Debtor 2  |
|  | Executed on 8/10/2018<br>MM / DD / YY  |  | ted on   |

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| Debtor 1 Eric                                    |                           | Dobbs                  | Case number (if )           | (nown)  |
|--|---------------------------|------------------------|-----------------------------|---|
| First Name                                       | Middle Name               | Last Name              |                             |   |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 12  | , or 13 of title 11, United | ave informed the debtor(s) about<br>d States Code, and have explained the<br>lso certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ | uired by 11 U.S.C. § 3 | 342(b) and, in a case in v  | which § 707(b)(4)(D) applies, certify that I  |
| represented by an                                |                           |                        |                             | ules filed with the petition is incorrect.  |
| attorney, you do not                             | _                         |                        |                             | 2.0000 a politici. 1000   |
| need to file this page.                          | /s/ Alexander Prebe       | r                      | Date                        | 8/10/2018   |
|  | Signature of Attorney     |                        |                             | M / DD / YYYY   |
|  | Signature of Attorney     | 101 200101             |                             |   |
|  |                           |                        |                             |   |
|  | Alexander Preber          |                        |                             |   |
|  | Printed name              |                        |                             |   |
|  |                           |                        |                             |   |
|  | Semrad Law Firm           |                        |                             |   |
|  | Firm name                 |                        |                             |   |
|  | 11101 S. Western Ave      | enue                   |                             |   |
|  | Street                    |                        |                             |   |
|  |                           |                        |                             |   |
|  |                           |                        |                             |   |
|  | Chicago                   |                        | Illinois                    | 60643   |
|  | City                      |                        | State                       | Zip Code  |
|  | Contact phone             | 3122374979             | Email address               | apreber@semradlaw.com   |
|  |                           |                        |                             |   |
|  | Bar number                |                        | State                       |   |
|  | Dai Hullibei              |                        | State                       |   |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|
| Debtor 1 Eric Dobbs                             |                           |             |                      |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |
|   |                           |             | (State)              |  |  |  |  |
| Case number                                     |                           |             |                      |  |  |  |  |
| (If known)                                      |                           |             |                      |  |  |  |  |

| П | Check if this is an |
|---|---------------------|
|   | amended filing      |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | <b>Your assets</b><br>Value of what you own |
|--|---|
| 1. Schedule A/B: Property (Official Form 106A/B)   | <b>#0.00</b>                                |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | \$0.00                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$9,365.00                                  |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$9,365.00                                  |
| Part 2: Summarize Your Liabilities   |   |
|  | Your liabilities<br>Amount you owe          |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                  | \$14,658.00                                 |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | <del></del>                                 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | \$1,700.00                                  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     | -   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$25,269.00                                 |
| Your total liabilities   | \$41,627.00                                 |
| Part 3: Summarize Your Income and Expenses   |   |
|  |   |
| 4. Schedule I: Your Income (Official Form 106I)  | \$1,616.77                                  |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I      |   |
| •  | \$1,609.00                                  |

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| De   | btor 1 Eric   | Dobbs   | Case number (if known)                                      |            |
|------|---|---|---|------------|
|      | First Name Middle Name  | Last Name   |   |            |
| Par  | 4: Answer These Questions for Administrat   | ive and Statistical Records   |   |            |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, o   | r 13?   |   |            |
|      | No. You have nothing to report on this part of the fo   | rm. Check this box and submit this  | form to the court with your other sch                       | edules.    |
|      | Yes.  |   |   |            |
| 7. ' | What kind of debt do you have?  |   |   |            |
|      | Your debts are primarily consumer debts. Consufamily, or household purpose. 11 U.S.C. § 101(8). F                       | mer debts are those incurred by an ill out lines 8-10 for statistical purpo | individual primarily for a personal, oses. 28 U.S.C. § 159. |            |
|      | Your debts are not primarily consumer debts. Yo this form to the court with your other schedules.                       | u have nothing to report on this pa   | art of the form. Check this box and sub                     | omit       |
| 8.   | From the Statement of Your Current Monthly Income<br>Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Fo |   | income from Official  | \$3,470.24 |
| 9.   | Copy the following special categories of claims fro   | m Part 4, line 6 of Schedule E/F:   |   |            |
|      | From Part 4 on Schedule E/F, copy the following:  |   | Total claim   |            |
|      | 9a. Domestic support obligations (Copy line 6a.)  |   | \$1,700.00  |            |
|      | 9b. Taxes and certain other debts you owe the government  | nent. (Copy line 6b.)   | \$0.00  |            |
|      | 9c. Claims for death or personal injury while you were in   | ntoxicated. (Copy line 6c.)   | \$0.00  |            |
|      |   |   |   |            |
|      | 9e. Obligations arising out of a separation agreement or divorce that you did not report as                             |   | \$0.00  |            |
|      | priority claims. (Copy line 6g.)  |   | <b>#</b> 0.00   |            |
|      | 9f. Debts to pension or profit-sharing plans, and other   | similar debts. (Copy line 6h.)  | \$0.00  |            |
|      | 9g. <b>Total.</b> Add lines 9a through 9f.  |   | \$1,700.00  |            |

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| Fill in this                           | information to identify your o   | ase:   |                                      |   |                      |   |   |
|--|--|--|--------------------------------------|---|----------------------|---|---|
| Debtor 1                               | Eric   |  |                                      | Dobbs   |                      |   |   |
| Debtor 2                               | First Name   | Middle Na  | ame                                  | Last Name   |                      |   |   |
| (Spouse, if fi                         | First Name   | Middle Na  | ame                                  | Last Name   |                      |   |   |
| United Sta                             | ates Bankruptcy Court for the:   | Northern   |                                      | District of Illinois  |                      |   |   |
| Case num                               | ber  |  |                                      | (State)   |                      |   |   |
| Officia                                | I Form 106A/B  |  |                                      |   |                      |   | Check if this is an amended filing  |
| Sche                                   | dule A/B: Prope  | rty  |                                      |   |                      |   | 12/1  |
| category v<br>responsibl<br>write your | where you think it fits best. I<br>e for supplying correct infor<br>name and case number (if I | Be as complete an<br>mation. If more sp<br>known). Answer ev | nd accura<br>pace is no<br>very ques | et only once. If an asset fits in mo<br>ate as possible. If two married peo<br>eeded, attach a separate sheet to<br>stion.<br>ther Real Estate You Own or I | ople are<br>this for | filing together, both a   | re equally  |
| 1. Do you                              |  | quitable interest ii   | n any res                            | sidence, building, land, or similar p   | property             | ?   |   |
| <u> </u>                               | No. Go to Part 2   |  |                                      |   |                      |   |   |
| 1.1                                    | Yes. Where is the property?  Street address, if available, or                                  | other description  | Sing                                 | the property? Check all that apply. le-family home lex or multi-unit building   |                      | the amount of any secu  | claims or exemptions. Put ired claims on Schedule D: ims Secured by Property.   |
|  |  |  | Con Man                              | dominium or cooperative   |                      | Current value of the entire property?   | Current value of the portion you own?   |
|  | Number Street  City State  | Zip Code   |                                      | stment property<br>eshare   |                      | Describe the nature o<br>interest (such as fee s<br>the entireties, or a life | simple, tenancy by  |
|  | ·  |  | one.  Debt                           | s an interest in the property? Chector 1 only tor 2 only tor 1 and Debtor 2 only ast one of the debtors and another   | ck                   | Check if this is co<br>(see instructions)                                     | emmunity property   |
|  |  |  | ш                                    | nformation you wish to add about  | this iter            | n, such as local  |   |
| If you                                 | own or have more than one, li  | et horo:   | property                             | y identification number <u>:</u>  |                      |   |   |
| 1.2                                    | Street address, if available, or   |  | Sing Dup Con                         | the property? Check all that apply. lle-family home lex or multi-unit building dominium or cooperative ufactured or mobile home                             |                      | the amount of any secu  | claims or exemptions. Put tred claims on <i>Schedule D: hims Secured by Property.</i> Current value of the portion you own? |
|  | Number Street  City State  | Zip Code   |                                      | stment property<br>eshare   |                      | Describe the nature o interest (such as fee s the entireties, or a life       | simple, tenancy by  |
|  |  |  | one.  Debi                           | tor 1 only tor 2 only tor 1 and Debtor 2 only ast one of the debtors and another  |                      | (see instructions)  | ommunity property   |

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| Debtor 1                      | Eric   |   | Dobbs   | Case number      | (if known)   |  |
|-------------------------------|--|---|---|------------------|--|--|
|                               | First Name   | Middle Name                                 | Last Name   |                  |  |  |
| 1.3                           | eet address, if available, or oti                                      |   | That is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home  |                  | the amount of any secu   | claims or exemptions. Put red claims on <i>Schedule D:</i> ims <i>Secured by Property.</i> Current value of the portion you own? |
| Nur                           | mber Street  / State   | Zip Code                                    | Land Investment property Timeshare Other  | İ                | Describe the nature or interest (such as fee s the entireties, or a life | imple, tenancy by  |
|                               |  |   | The has an interest in the property?  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and ano ther information you wish to add all reperty identification number:   | ther             | Check if this is co<br>(see instructions)                                | mmunity property   |
|                               | the dollar value of the polive attached for Part 1. Wr                 | -   | If of your entries from Part 1, including the control of the cont | ding any entries | for pages  |  |
| <b>Do you ov</b><br>you own t | that someone else drives. If y<br>ans, trucks, tractors, sport ut<br>o | equitable interest<br>ou lease a vehicle, a | in any vehicles, whether they are r<br>lso report it on Schedule G: Executory<br>ycles  | -                | •  |  |
| 3.1                           | Make<br>Model:<br>Year:  | Volkswagen Jetta 2015                       | Who has an interest in the propone.  Debtor 1 only  | erty? Check      | the amount of any secu   | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.  |
|                               | Approximate mileage: Other information:                                | 8967  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and  |                  | Current value of the entire property?<br>\$9000.00                       | Current value of the portion you own?<br>\$9000.00   |
| 3.2                           | Make<br>Model:<br>Year:  |   | instructions)  Who has an interest in the propone.  Debtor 1 only   | . , ,            | the amount of any secu   | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.   |
|                               | Approximate mileage: Other information:                                |   | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community prinstructions)   |                  | Current value of the entire property?                                    | Current value of the portion you own?  |

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| tor 1       | Eric  |             | Dobbs Case num   | ber (if known)   |  |
|-------------|---|-------------|--|--|--|
|             | First Name  | Middle Name | Last Name  | . ,  |  |
| 3.3         | Make Model: Year: Approximate mileage: Other information:                               |             | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)   | the amount of any secu<br>Creditors Who Have Cla<br>Current value of the<br>entire property?   | claims or exemptions. Pured claims on Schedule aims Secured by Property  Current value of the portion you own? |
| 3.4         | Make Model: Year: Approximate mileage:  |             | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only   | the amount of any secu<br>Creditors Who Have Cla   | claims or exemptions. Fured claims on Schedule   |
|             | Other information:  |             | Debtor 1 and Debtor 2 only   | Current value of the entire property?  | Current value of the portion you own?  |
|             |   |             | At least one of the debtors and another  Check if this is community property (see  |  |  |
| Exar        | mples: Boats, trailers, motors, p   | •           | instructions) er recreational vehicles, other vehicles, and ac, fishing vessels, snowmobiles, motorcycle access  | cessories  |  |
|             | mples: Boats, trailers, motors, p<br>No<br>Yes  | •           | instructions)  | ccessories ories  Do not deduct secured the amount of any secu   | claims or exemptions. F<br>ured claims on <i>Schedule</i>  |
| Exar        | mples: Boats, trailers, motors, p<br>No<br>Yes<br>Make                                  | •           | instructions)  Pr recreational vehicles, other vehicles, and access fishing vessels, snowmobiles, motorcycle access  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | ccessories ories  Do not deduct secured the amount of any secu   | ured claims on <i>Schedule</i><br>aims Secured by Propen   |
| Exar        | nples: Boats, trailers, motors, p No Yes  Make Model: Year: Approximate mileage:        | •           | instructions)  er recreational vehicles, other vehicles, and act, fishing vessels, snowmobiles, motorcycle access  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only  | Do not deduct secured the amount of any secured the amount of the Clarent value of the entire property?  | ured claims on Schedule<br>aims Secured by Propert<br>Current value of the                                     |
| Exar        | Make Model: Other information:  Make Model: Year:  Make Model: Year:  Make Model: Year: | •           | instructions)  Precreational vehicles, other vehicles, and act, fishing vessels, snowmobiles, motorcycle access  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured the amount of any secu Creditors Who Have Classes Current value of the entire property?  Do not deduct secured the amount of any secured the amount of a | claims or Schedule of the portion you own?   |
| Exar<br>4.1 | Make Model:  Other information:  Make Model:  Approximate mileage:  Other information:  | •           | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another instructions)  Who has an interest in the property? Check one.  | Do not deduct secured the amount of any secu Creditors Who Have Classes Current value of the entire property?  Do not deduct secured the amount of any secured the amount of a | ured claims on Schedule<br>aims Secured by Propert<br>Current value of the                                     |

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| D        | ebtor 1                 | Eric<br>First Name              | Middle Name   | Dobbs<br>Last Name           | Case number (if known)           |  |
|----------|-------------------------|---------------------------------|---|------------------------------|----------------------------------|--|
| Pa       | art 3:                  |                                 | our Personal and Household Ite  |                              |                                  |  |
| D        | o you                   | own or have                     | e any legal or equitable interes  | t in any of the followin     | ng items?                        | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|          |                         | _                               | and furnishings<br>iances, furniture, linens, china, kitchen  | ware                         |                                  |  |
| <u>✓</u> |                         | Describe                        | Used household Goods  |                              |                                  | \$200.00   |
|          |                         | ronics<br>les: Televisions      | s and radios; audio, video, stereo, and   | digital equipment; comput    | ers, printers, scanners; music   |  |
| <b>✓</b> | Yes. D                  | Describe                        | Used mobile, tv,  |                              |                                  | \$150.00   |
|          |                         |                                 | ue<br>nd figurines; paintings, prints, or othe<br>in, or baseball card collections; other c         |                              |                                  |  |
| <b>✓</b> | No<br>Yes. D            | Describe                        |   |                              |                                  |  |
|          |                         | les: Sports, ph                 | rts and hobbies<br>otographic, exercise, and other hobby<br>s; carpentry tools; musical instruments |                              | tables, golf clubs, skis; canoes |  |
| <b>✓</b> | No<br>Yes. [            | Describe                        |   |                              |                                  |  |
|          | <b>0. Fire</b><br>Examp |                                 | es, shotguns, ammunition, and related   | d equipment                  |                                  |  |
| <b>✓</b> | No                      |                                 |   |                              |                                  |  |
|          | Yes. D                  | Describe                        |   |                              |                                  |  |
|          |                         |                                 | clothes, furs, leather coats, designer we   | ear, shoes, accessories      |                                  |  |
|          | No<br>No                | ) og orib o                     | Hard Olalis's a   |                              |                                  |  |
| ✓        | Tes. L                  | Describe                        | Used Clothing   |                              |                                  | <u>\$50.00</u>   |
|          | 2. Jew<br>Examp         | -                               | ewelry, costume jewelry, engagement i<br>r  | rings, wedding rings, heirlo | om jewelry, watches, gems,       |  |
|          |                         | Describe                        |   |                              |                                  |  |
|          |                         | -farm animal<br>les: Dogs, cats | s<br>s, birds, horses   |                              |                                  |  |
|          | Yes. D                  | Describe                        |   |                              |                                  | <u> </u>   |
| _        | <b>4. Any</b><br>No     | other person                    | al and household items you did not  | already list, including ar   | ny health aids you did not list  |  |
|          |                         | Describe                        |   |                              |                                  |  |
|          |                         |                                 | lue of all of your entries from Part 3  |                              | or pages you have attached       | \$400.00   |

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| Debt         | or 1 Eric                                     |   | Dobbs                       | Case number (if known)                                    |  |
|--------------|---|---|-----------------------------|---|--|
|              | First Name                                    | Middle Name   | Last Name                   |   |  |
| Part 4       | Describe Your F                               | Financial Assets  |                             |   |  |
| Doy          | ou own or have an                             | y legal or equitable interest   | in any of the following     | ?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16. <b>C</b> |   | ve in your wallet, in your home, in   | a safe deposit box, and on  | hand when you file your petition                          |  |
|              | 브   |   |                             | Cash:   | \$5.00   |
| 17.          |   | avings, or other financial accounts<br>stitutions. If you have multiple acc |                             | es in credit unions, brokerage houses,<br>ion, list each. |  |
|              | No<br>✓ Yes                                   |   | Institution name:           |   |  |
|              |   | 17.1. Checking account:   | TCF                         |   | \$-40.00   |
|              |   | 17.2. Checking account:   |                             |   |  |
|              |   | 17.3. Savings account:  |                             |   |  |
|              |   | 17.4. Savings account:  | -                           |   |  |
|              |   | 17.5. Certificates of deposit:  | -                           |   |  |
|              |   | 17.6. Other financial account:  |                             |   |  |
|              |   | 17.7. Other financial account:  |                             |   |  |
|              |   | 17.8. Other financial account:  |                             |   |  |
|              |   | 17.9. Other financial account:  |                             |   |  |
| 18.          | Examples: Bond funds,                         | or publicly traded stocks investment accounts with broker                   | age firms, money market acc | counts  |  |
|              | ✓ No<br>Yes                                   | Institution or issuer name:   |                             |   |  |
|              |   |   |                             |   |  |
| 19.          | Non-publicly traded so an LLC, partnership, a |   | ted and unincorporated bu   | usinesses, including an interest in                       | -  |
|              | No No   | and joint forturo   |                             |   |  |
|              | Yes. Give specific information about them     | Name of entity  |                             | % of ownership:   |  |
|              |   |   |                             |   |  |

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|              | First Name  | Middle Name   | Last Name                       |                                       |               |
|--------------|---|---|---------------------------------|---------------------------------------|---------------|
|              |   |   |                                 |                                       |               |
| N            | Sovernment and corpo<br>Negotiable instruments i<br>Non-negotiable instrume | and money orders.   |                                 |                                       |               |
| [            | Yes. Give specific information about them                                   | Issuer name:  |                                 |                                       |               |
|              |   |   |                                 |                                       |               |
|              | Retirement or pension<br>Examples: Interests in IF                          |   | ), thrift savings accounts, or  | other pension or profit-sharing plans |               |
| [            | No ✓ Yes. List each   | Type of account:  | Institution name:               |                                       |               |
| Ľ            | account separately.   | 401(k) or similar plan:   | Fidelity                        |                                       | \$0.00        |
|              |   | Pension plan:   |                                 |                                       |               |
|              |   | IRA:  |                                 |                                       |               |
|              |   | Retirement account:   |                                 |                                       |               |
|              |   | Keogh: Additional account:  |                                 |                                       |               |
|              |   | Additional account:   |                                 |                                       | · <del></del> |
| Y<br>E<br>C  |   | prepayments<br>I deposits you have made so that<br>with landlords, prepaid rent, public |                                 |                                       |               |
| [            | Yes   | Electric:   |                                 |                                       |               |
|              |   | Gas:  |                                 |                                       |               |
|              |   | Heating oil:  |                                 |                                       |               |
|              |   | Security deposit on rental unit:  | -                               |                                       | · <del></del> |
|              |   | Prepaid rent:   |                                 |                                       |               |
|              |   | Telephone: Water:   |                                 |                                       |               |
|              |   | Rented furniture:   |                                 |                                       |               |
|              |   | Other:  |                                 |                                       |               |
| 23. <b>A</b> | Annuities (A contract fo  | r a periodic payment of money to  | you, either for life or for a r | number of years)                      |               |
| [            | No Yes  | Issuer name and description:  |                                 |                                       |               |
|              |   |   |                                 |                                       |               |
|              |   |   |                                 |                                       |               |

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| Debt | or 1 Eric  |  | Dobbs  | Case number (if known)   |   |
|------|--|--|--|--|---|
| 24.  | First Name   | Middle Name  | e Last Name nt in a qualified ABLE program, or unde  | or a qualified state tuition program   |   |
| 24.  | 26 U.S.C. §§ 530(b)(1),  |  |  | er a quanneu state tuition program.  |   |
|      | ✓ No   |  |  |  |   |
|      | Yes  | n name and description   | n. Separately file the records of any interes  | sts.11 U.S.C. § 521(c):  |   |
|      |  |  |  |  |   |
|      |  |  |  |  |   |
|      |  |  |  |  |   |
| 25.  | Trusts, equitable or fu<br>exercisable for your b  |  | perty (other than anything listed in line  | ) 1), and rights or powers   |   |
|      | <b>✓</b> No  |  |  |  |   |
|      | Yes. Describe  |  |  |  |   |
|      |  |  |  |  |   |
| 26.  |  |  | erets, and other intellectual property   |  |   |
|      | - N.   | rain names, websites, p  | proceeds from royalties and licensing agree  | ements   |   |
|      | ✓ No  Yes. Describe  |  |  |  |   |
|      | Tes. Beschbe   |  |  |  |   |
| 27   | Licenses franchises  | and other general int  | rangibles  |  |   |
| 27.  | Licenses, franchises, Examples: Building per   |  | , cooperative association holdings, liquor   | licenses, professional licenses  |   |
|      | <b>✓</b> No  |  |  |  |   |
|      | Yes. Describe  |  |  |  |   |
|      |  |  |  |  |   |
|      |  |  |  |  |   |
| Mor  | ney or property owed   | d to you?  |  |  | Current value of the portion you own?  Do not deduct secured claims or exemptions   |
|      | ney or property owed  Tax refunds owed to yo   |  |  |  | portion you own?  |
|      |  |  |  |  | portion you own? Do not deduct secured  |
|      | Tax refunds owed to yo  ✓ No  ✓ Yes. Give specific in  | <b>ou</b><br>formation   |  | Federal:   | portion you own? Do not deduct secured  |
|      | Tax refunds owed to yo  ✓ No  ✓ Yes. Give specific in  | ou<br>formation<br>ncluding whether  |  | Federal:<br>State:   | portion you own? Do not deduct secured claims or exemptions.  |
|      | Tax refunds owed to your No Yes. Give specific in about them, in   | formation ncluding whether ed the returns  |  | State:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  |
| 28.  | Tax refunds owed to you No Yes. Give specific in about them, in you already file and the tax yes.  Family support  | ou  Iformation Including whether If the returns If  |  | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to you No Yes. Give specific in about them, in you already file and the tax yes.  Family support  | ou  Iformation Including whether If the returns If  | usal support, child support, maintenance,  | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to your No  Yes. Give specific in about them, in you already file and the tax yes  Family support  Examples: Past due or luce.  | ou  Iformation Including whether If the returns If  | usal support, child support, maintenance,  | State:  Local: , divorce settlement, property settlemen  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to you No Yes. Give specific in about them, in you already file and the tax yes  Family support  Examples: Past due or lu   | ou  Iformation Including whether If the returns If  | usal support, child support, maintenance,  | State:  Local: , divorce settlement, property settlemen  Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t                                   |
| 28.  | Tax refunds owed to your No  Yes. Give specific in about them, in you already file and the tax yes  Family support  Examples: Past due or luce.  | ou  Iformation Including whether If the returns If  | usal support, child support, maintenance,  | State: Local: , divorce settlement, property settlemen  Alimony: Maintenance:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00  \$0.00  t  \$0.00 \$0.00                     |
| 28.  | Tax refunds owed to your No  Yes. Give specific in about them, in you already file and the tax yes  Family support  Examples: Past due or luce.  | ou  Iformation Including whether If the returns If  | usal support, child support, maintenance,  | State: Local: , divorce settlement, property settlemen Alimony: Maintenance: Support:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00                |
| 28.  | Tax refunds owed to your No  Yes. Give specific in about them, in you already file and the tax yes  Family support  Examples: Past due or luce.  | ou  Iformation Including whether If the returns If  | usal support, child support, maintenance,  | State: Local: , divorce settlement, property settlemen  Alimony: Maintenance:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00  \$0.00  t  \$0.00                            |
| 28.  | Tax refunds owed to your No  Yes. Give specific in about them, in you already file and the tax yes  Family support  Examples: Past due or luce.  | ou  Iformation Including whether If the returns If  | usal support, child support, maintenance,  | State: Local: , divorce settlement, property settlemen Alimony: Maintenance: Support:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00                |
| 29.  | Tax refunds owed to your No  Yes. Give specific in about them, in you already file and the tax yes.  Family support Examples: Past due or luce.  No  Yes. Give specific in the control of  | formation including whether ed the returns ars   |  | State: Local:  , divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.  | Tax refunds owed to your No  Yes. Give specific in about them, in you already file and the tax year.  Family support Examples: Past due or lue.  No  Yes. Give specific in the control of  | ou  Iformation Including whether Including wheth | usal support, child support, maintenance,<br>nayments, disability benefits, sick pay, vaca<br>s you made to someone else | State: Local:  , divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.  | Tax refunds owed to your No  Yes. Give specific in about them, in you already file and the tax year.  Family support Examples: Past due or lue.  No  Yes. Give specific in the control of  | ou  Iformation Including whether Including wheth | ayments, disability benefits, sick pay, vaca   | State: Local:  , divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.  | Tax refunds owed to your No Yes. Give specific in about them, in you already file and the tax year  Family support  Examples: Past due or lue No Yes. Give specific in the spe | ou  Iformation Including whether Including wheth | ayments, disability benefits, sick pay, vaca   | State: Local:  , divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Debt | tor 1 Eric  |                        | Dobbs   | Case number (if known)                           |  |
|------|---|------------------------|---|--|--|
|      | First Name  | Middle Name            | Last Name   |  |  |
| 31.  | Interests in insurance police Examples: Health, disability, of                          |                        | th savings account (HSA); credit, h                               | omeowner's, or renter's insurance                |  |
|      | Yes. Name the insurance of each policy and list its                                     |                        | Company name:   | Beneficiary:                                     | Surrender or refund value:             |
| 32.  | Any interest in property the If you are the beneficiary of a property because someone h | living trust, expect p | someone who has died roceeds from a life insurance policy         | v, or are currently entitled to receive          |  |
|      | No Yes. Describe  |                        |   |  |  |
| 33.  | Claims against third partie  Examples: Accidents, employ  No  Yes. Describe             |                        | ou have filed a lawsuit or made<br>rance claims, or rights to sue | a demand for payment                             |  |
| 34.  | Other contingent and unlic  | quidated claims of o   | every nature, including counterd                                  | laims of the debtor and rights                   |  |
|      | Yes. Describe   |                        |   |  |  |
| 35.  | Any financial assets you di   | d not already list     |   |  |  |
|      | Yes. Describe   |                        |   |  |  |
| 36.  |   | •                      | Part 4, including any entries fo                                  |  | \$-35.00                               |
| Part | 5: Describe Any Busine  | ess-Related Prop       | oerty You Own or Have an Ir                                       | iterest In. List any real estate in Part         | 1.                                     |
| 37.  | Do you own or have any lea  | gal or equitable int   | erest in any business-related pro                                 | operty?  |  |
| 07.  | No. Go to Part 6.  Yes. Go to line 38.  | gar or oquitable iiit  | pi  | Cu   | urrent value of the ortion you own?    |
| 38.  | Accounts receivable or co   | mmissions you alre     | ady earned  |  | o not deduct secured claims exemptions |
|      | No Yes. Describe  |                        |   |  |  |
| 39.  | Office equipment, furnishir Examples: Business-related of                               |                        | modems, printers, copiers, fax ma                                 | chines, rugs, telephones, desks, chairs, electro | onic devices                           |
|      | ✓ No Yes. Describe  |                        |   |  |  |
|      |   |                        |   |  |  |

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| Deb    | tor 1 Eric                          | Dobbs  | Case number (if known)                  |                              |
|--------|-------------------------------------|--|---|------------------------------|
|        | First Name                          | Middle Name Last Name  |   |                              |
| 40.    | Machinery, fixtures, e              | quipment, supplies you use in business, and tools of y       | our trade                               |                              |
|        | <b>✓</b> No                         |  |   |                              |
|        | Yes. Describe                       |  |   |                              |
|        | _                                   |  |   |                              |
|        | <u> </u>                            |  |   |                              |
| 41.    | Inventory                           |  |   |                              |
|        | <b>✓</b> No                         |  |   |                              |
|        | Yes. Describe                       |  |   |                              |
|        | _                                   |  |   |                              |
|        |                                     | <del></del>  |   |                              |
| 42.    | Interests in partnersh              | ips or joint ventures  |   |                              |
|        | <b>✓</b> No                         | None of orthogram  | 0/ - 1                                  |                              |
|        | Yes. Give specific                  | Name of entity:  | % of ownership:                         |                              |
|        | information about                   |  |   | _                            |
|        | them                                |  |   |                              |
|        |                                     |  | <del></del> -                           | <del>-</del>                 |
|        |                                     | 9  |   | <del>-</del>                 |
| 43.    | Customer lists, mailing             | lists, or other compilations                                 |   |                              |
|        | <b>✓</b> No                         |  |   |                              |
|        | Yes. Do your lists i                | nclude personally identifiable information (as defined in 11 | U.S.C. § 101(41A))?                     |                              |
|        |                                     |  |   |                              |
|        | No                                  |  |   |                              |
|        | Yes. Desc                           | ribe   |   |                              |
| 44     | Any husiness-related                | property you did not already list                            |   |                              |
|        |                                     | property you are not amoney not                              |   |                              |
|        | <b>✓</b> No                         |  |   |                              |
|        | Yes. Give specific                  |  |   |                              |
|        | information                         |  |   | <u> </u>                     |
|        |                                     |  |   |                              |
|        |                                     |  |   |                              |
|        |                                     |  |   |                              |
|        |                                     |  |   |                              |
|        |                                     |  |   |                              |
|        |                                     |  |   |                              |
| 45. A  | dd the dollar value of              | all of your entries from Part 5, including any entries fo    | r pages you have attached               |                              |
| for Pa | art 5. Write that number            | er here  |   |                              |
|        | Describe Any F                      | arm- and Commercial Fishing-Related Propert                  | v You Own or Have an Interest In.       |                              |
| Pari   | If you own or have ar               | interest in farmland, list it in Part 1.                     | , |                              |
| 46.    | Do you own or have a                | ny legal or equitable interest in any farm- or commer        | cial fishing-related property?          |                              |
| 40.    |                                     | ny legal of equitable interest in any larin- of commer       | siai listiliig-related property:        | Current value of the         |
|        | No. Go to Part 7.                   |  |   | portion you own?             |
|        | Yes. Go to line 47                  |  |   | Do not deduct secured claims |
| 47     | Farm aniverte                       |  |   | or exemptions                |
| 47.    | Farm animals Examples: Livestock, p | oultry, farm-raised fish                                     |   |                              |
|        | <u> </u>                            |  |   |                              |
|        | ✓ No                                |  |   |                              |
|        | Yes. Describe                       |  |   |                              |
|        |                                     | <u></u>  |   |                              |
|        |                                     |  |   |                              |

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| Debt         | or 1 Eric First Name        |  | obbs (                    | Case number (if known)                 |             |
|--------------|-----------------------------|--|---------------------------|--|-------------|
| 48.          | Crops-either growing of     |  | ist name                  |  |             |
| 10.          | No                          | na voctou  |                           |  |             |
|              | Yes. Describe               |  |                           |  |             |
|              |                             |  |                           |  |             |
| 49.          | Farm and fishing equip      | ment, implements, machinery, fixture                                 | s, and tools of trade     |  |             |
|              | <b>✓</b> No                 | , , ,  | ,                         |  |             |
|              | Yes. Describe               |  |                           |  |             |
|              | _                           |  |                           |  |             |
| 50.          | Farm and fishing suppl      | ies, chemicals, and feed   |                           |  |             |
|              | <b>✓</b> No                 |  |                           |  |             |
|              | Yes. Describe               |  |                           |  |             |
|              |                             |  |                           |  |             |
| 51.          | Any farm- and commer        | cial fishing-related property you did n                              | ot already list           |  |             |
|              | <b>✓</b> No                 |  |                           |  |             |
|              | Yes. Describe               |  |                           |  |             |
|              |                             |  |                           |  |             |
| 52. Ad       | dd the dollar value of al   | l of your entries from Part 6, including                             | any entries for pages you | have attached                          |             |
|              |                             | here   |                           |  |             |
|              |                             |  |                           | _                                      |             |
|              |                             |  |                           |  |             |
| Part 7       | 7: Describe All Pro         | perty You Own or Have an Interes                                     | st in That You Did Not I  | List Above                             |             |
| 53.          |                             | perty of any kind you did not already lists, country club membership | st?                       |  |             |
|              | ✓ No                        | , country dub membership   |                           |  |             |
|              | Yes. Give specific          |  |                           |  | <del></del> |
|              | information                 |  |                           |  |             |
|              |                             |  |                           |  |             |
| - 4 4        | 4446 - 4546 - 54 - 57 - 4   | Lafa a constitue for a Ball 7 Million ba                             | I a suba di su            |  |             |
| 54. A        | dd the dollar value of al   | I of your entries from Part 7. Write tha                             | t number nere             |  |             |
|              |                             |  |                           |  |             |
|              |                             |  |                           |  |             |
|              |                             |  |                           |  |             |
| Part 8       | 8: List the Totals of       | Each Part of this Form   |                           |  |             |
| 55 <b>F</b>  | Part 1: Total real estate   | , line 2   |                           | •                                      |             |
|              | urt ii rotui roui ootuto    | , 2  |                           | ······································ |             |
| 56. <b>p</b> | oart 2 total vehicles, line | e 5  | \$9000.00                 |  |             |
| 57. <b>P</b> | art 3: Total personal an    | d household items, line 15   | \$400.00                  |  |             |
| 58. <b>P</b> | art 4: Total financial as   | sets, line 36  | \$-35.00                  |  |             |
| 59. <b>F</b> | Part 5: Total business-re   | elated property, line 45   |                           |  |             |
| 60. <b>F</b> | Part 6: Total farm- and f   | ishing-related property, line 52                                     | -                         |  |             |
| 61. <b>F</b> | Part 7: Total other prope   | erty not listed, line 54   |                           |  |             |
|              |                             | Add lines 56 through 61  | Φ0005 00                  |  | . #0005 00  |
|              |                             | Č  | \$9365.00                 | Copy personal property total ▶         | + \$9365.00 |
|              |                             |  |                           |  | \$9365.00   |
| 63. <b>T</b> | otal of all property on S   | chedule A/B. Add line 55 + line 62                                   |                           |  |             |

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|                          |  |  | Docu  | ment  | Page 20 of  | 74  |  |
|--------------------------|--|--|---|---|---|---|--|
| Fill                     | n this infor   | mation to identify your cas  | se:   |   |   |   |  |
| Deb                      | tor 1  | Eric<br>First Name   | Middle Name   | Dobbs<br>Last Nam   | <u>e</u>  |   |  |
|                          | tor 2<br>use, if filing)   | First Name   | Middle Name   | Last Nam  | <u>e</u>  |   |  |
| Uni                      | ed States E  | Sankruptcy Court for the:  | Northern [  | District of Illino  | is  |   |  |
| Cas<br>(If kn            | e number   |  |   | (Stat   | e)  |   |  |
|                          |  | Form 106C  |   |   |   | J   | Check if this is a amended filing  |
|                          |  | -  | erty You Claim a  | s Exem  | not   |   | 04/1   |
| For stat the tax-und you | each itene e a speciramount cexempt rer a law trexemption to the composition of the compo | ges, write your name and of property you claim fic dollar amount as exif any applicable staturetirement funds—may that limits the exemption would be limited to tiffy the Property You care claiming state and fedure claiming federal exemptions are claiming federal exemptions. | nd case number (if known as exempt, you must exempt. Alternatively, you tory limit. Some exempt be unlimited in dollar a on to a particular dollar of the applicable statutor | specify the su may claim tions—such amount. How amount and amount.  If your specitions, 11 U.S. (2) | amount of the on the full fair man as those for however, if you clud the value of the value of the value is filling with you. | exemption you<br>arket value of<br>ealth aids, righ<br>aim an exemp<br>he property is | Page as necessary. On the top of any claim. One way of doing so is to the property being exempted up to its to receive certain benefits, and ition of 100% of fair market value determined to exceed that amount |
|                          |  | cription of the property as<br>chedule A/B that lists this   |   |   | the exemption yo  |   | Specific laws that allow exemption   |
|                          |  |  | Copy the value from<br>Schedule A/B   |   |   |   |  |
|                          | Brief<br>description<br>Volks  | n:<br>wagen Jetta, 2015  | \$9,000.00  | <b>/</b>  | \$0   |   | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)   |
|                          | Line from Schedule   | A/B: 03  |   |   | of fair market valuable statutory limit   |   |  |
|                          | Brief<br>description   |  | \$50.00   |   |   |   | 735 ILCS 5/12-1001(a)  |
|                          | •  | Clothing   |   | <u> </u>  | \$50.00   |   | _  |
|                          | Line from Schedule   | A/B:11   |   |   | of fair market valuable statutory limit   |   |  |
| 3.                       |  |  | emption of more than \$160, and every 3 years after that for  |   | or after the date or  | adjustment.)  |  |

No Yes

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Dobbs Debtor 1 Eric Case number (if known) First Name Middle Name Last Name **Additional Page** Part 2: Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B 735 ILCS 5/12-1001(b) Brief \$200.00 description:  $\checkmark$ \$200.00 **Used household Goods** 100% of fair market value, up to any I ine from applicable statutory limit Schedule A/B: 06 735 ILCS 5/12-1001(b) (\$40.00)description: **✓** Checking account, TCF 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: Brief 735 ILCS 5/12-1006 \$0.00 description:  $\checkmark$ 401(k) or similar plan, 100% of fair market value, up to any **Fidelity** applicable statutory limit Line from Schedule A/B: Brief 735 ILCS 5/12-1001(b) description: \$150.00  $\checkmark$ \$150.00 Used mobile, tv, 100% of fair market value, up to any Line from applicable statutory limit 07 Schedule A/B: 735 ILCS 5/12-1001(b) Brief

\$5.00

100% of fair market value, up to any

applicable statutory limit

\$5.00

description:

Line from

Schedule A/B:

Cash in hand

16

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|                   |                       |   | DC                         | rage 22 or  | 14  |   |                                   |
|-------------------|-----------------------|---|----------------------------|---|---|---|-----------------------------------|
| Fill in t         | this infor            | nation to identify your ca              | se:                        |   |   |   |                                   |
| Debtor            | r 1                   | Eric                                    |                            | Dobbs   |   |   |                                   |
|                   | _                     | First Name                              | Middle Name                | Last Name   |   |   |                                   |
| Debtor<br>(Spouse | r 2<br>e, if filing)  | First Name                              | Middle Name                | Last Name   |   |   |                                   |
| United            | States R              | ankruptcy Court for the:                | Northern                   | District of Illinois  |   |   |                                   |
| Officea           | Otates D              | annupley Court for the.                 | Notutem                    | (State)   |   |   |                                   |
| Case n            | number<br>n)          |   |                            |   |   |   |                                   |
| Offi              | cial                  | Form 106D                               |                            |   |   |   | Check if this is an mended filing |
| Sch               | nedu                  | le D: Credito                           | ors Who Ha                 | ve Claims Secur   | ed by Prop  | erty  | 12/15                             |
| Be as o           | complete<br>pace is i | and accurate as possib                  | le. If two married peop    | le are filing together, both are equester the entries, and attach it to   | ually responsible for s   | upplying correct infor                                |                                   |
| 1. D              | o any c               | reditors have claims se                 | ecured by your proper      | rty?  |   |   |                                   |
|                   | No. C                 | Check this box and subm                 | nit this form to the court | with your other schedules. You ha   | ve nothing else to rep  | ort on this form.                                     |                                   |
| Į.                | Yes.                  | Fill in all of the information          | n below.                   |   |   |   |                                   |
| Part 1            | List A                | All Secured Claims                      |                            |   |   |   |                                   |
|                   | separate              | y for each claim. If more th            | nan one creditor has a pa  | cured claim, list the creditor<br>rticular claim, list the other creditors<br>order according to the creditor's | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|                   | Santand<br>Creditor's | er Consumer USA                         | Describe the property      | y that secures the claim:   | \$14,658.00   | \$9,000.00  | \$5,658.00                        |
|                   |                       | MYFORD RD FL 2                          | 2015 Volkswagen Jetta      | a   | ]   |   |                                   |
|                   | Numb                  | er Street                               | _                          | e, the claim is: Check all that apply.  |   |   |                                   |
|                   |                       |   | Contingent                 |   |   |   |                                   |
|                   | TUSTIN<br>City        | CA 92780<br>State ZIP Code              | Unliquidated Disputed      |   |   |   |                                   |
|                   |                       | es the debt? Check one.                 | _                          | all that apply  |   |   |                                   |
|                   |                       | tor 1 only<br>tor 2 only                | Nature of lien. Check      | made (such as mortgage or secured   |   |   |                                   |
|                   | =                     | tor 2 only<br>tor 1 and Debtor 2 only   | car loan)                  | made (such as mongage of secured  |   |   |                                   |
|                   | _                     | ast one of the debtors                  | Statutory lien (such       | n as tax lien, mechanic's lien)   |   |   |                                   |
|                   |                       | another                                 | Judgment lien from         | n a lawsuit   |   |   |                                   |
|                   |                       | ck if this claim relates community debt | Other (including a         | right to offset)  |   |   |                                   |
|                   | Date de incurred      | bt was <u>5/2018</u>                    | Last 4 digits of accou     | int number1000  |   |   |                                   |
|                   |                       | Add the dollar value of y               | our entries in Column      | A on this page. Write that number   | \$14,658.00   |   |                                   |

here:

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| Fill in t  | this infor                                 | mation to identify your c  | ase:  |                                |   |  |  |  |  |
|--|--|--|---|--------------------------------|---|--|--|--|--|
| Debto  | r 1  | Eric   |   |                                | Dobbs   |  |  |  |  |
| Debtoi   | r 2  | First Name   | Middle Name   |                                | Last Name   |  |  |  |  |
|  | e, if filing)                              | First Name   | Middle Name   |                                | Last Name   |  |  |  |  |
| United   | States B                                   | Bankruptcy Court for the:  | Northern  |                                | District of Illinois (State)  |  |  |  |  |
| Case r   | number<br>n)                               |  |   |                                | (State)   |  |  |  |  |
| Offic  | cial F                                     | orm 106E/F   |   |                                |   | _  | Chec   | k if this is an  | amended filin                                    |
| Sch  | nedu                                       | ule E/F: Cre   | ditors Who  | o ŀ                            | Have Unsecure   | d Claims   | ;  |  | 12/1   |
| other p<br>Form 1<br>claims<br>the ent<br>known) | oarty to a 06A/B) a that are tries in to . | any executory contracts<br>and on Sc <i>hedule G: Exe</i><br>e listed in <i>Schedule D: C</i>  | s or unexpired leases the cutory Contracts and leases the cutory Who Hold Claid tach the Continuation  Y Unsecured Claims | hat c<br>Unex<br>ims S<br>Page | s with PRIORITY claims and Pacould result in a claim. Also list pired Leases (Official Form 106 Secured by Property. If more spet to this page. On the top of an u?                                 | executory contract<br>GG). Do not include a<br>ace is needed, copy | s on <i>Schedu</i><br>any creditors<br>the Part yo | <i>le A/B: Prop</i><br>s with partia<br>u need, fill i | perty (Official<br>ally secured<br>t out, number |
| 2. L   | Yes.  ist all of sted, ider as much a      | ntify what type of claim it is as possible, list the claims  | is. If a claim has both pri<br>in alphabetical order acc  | iority<br>cordir               | ore than one priority unsecured cla<br>and nonpriority amounts, list that<br>ng to the creditor's name. If you h  | claim here and show<br>have more than two p                        | both priority                                      | and nonprio  | rity amounts.                                    |
|  |  | •  |   |                                | articular claim, list the other creditor<br>r this form in the instruction book   |  | Takal  | Duianitu   | Namoviavitu                                      |
|  |  |  |   |                                |   |  | Total<br>claim                                     | Priority amount  | Nonpriority<br>amount                            |
|  | ILLINOIS<br>Priority C                     | S DCFS<br>Dreditor's Name  |   | La                             | st 4 digits of account number   |  | \$1,700.00   | \$0.00   | \$1,700.00                                       |
|  | Deb Deb At le Che Is the cl Yes            | Street   | id another<br>to a community debt   | As ap                          | Taxes and certain other debts y government Claims for death or personal inj intoxicated Other. Specify  | m:<br>ou owe the<br>ury while you were                             | \$0.00   | \$0.00   | \$0.00   |
| 2.2  | Priority C                                 | Creditor's Name  |   |                                | st 4 digits of account number   |  | Ψ0.00  | Ψ0.00  | Ψ0.00  |
|  | PO Box<br>Number                           |  |   | As                             | ten was the debt incurred?  s of the date you file, the claim ply.  | n/a is: Check all that   |  |  |  |
|  | Deb Deb Deb At le                          | eld Illinois State curred the debt? Check of tor 1 only stor 2 only stor 1 and Debtor 2 only east one of the debtors and eck if this claim relates laim subject to offset? | rd another  |                                | Contingent Unliquidated Disputed  pe of PRIORITY unsecured clair Domestic support obligations Taxes and certain other debts y government Claims for death or personal injintoxicated Other. Specify | ou owe the<br>ury while you were                                   |  |  |  |

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| Debto   | or 1 Eric  | Dobbs                 | Case number (if known)  |   |
|---------|--|-----------------------|---|---|
|         | First Name Middle Name   | Last Name             | · · · · · · · · · · · · · · · · · · ·   |   |
| Part 2  |  |                       |   |   |
| [       | Oo any creditors have nonpriority unsecured class No. You have nothing to report in this part. So Yes. |                       | ne court with your other schedules.   |   |
| u<br>It | unsecured claim, list the creditor separately for each   | claim. For each claim | er of the creditor who holds each claim. If a creditor has more listed, identify what type of claim it is. Do not list claims already in Part 3.If you have more than four priority unsecured claims fill out | ncluded in Part 1.  It the Continuation |
| 44      | Am oxilo on  |                       |   | Total claim                             |
| 4.1     | Ameriloan<br>Nonpriority Creditor's Name   |                       | Last 4 digits of account number   | \$352.00                                |
|         | 3531 P St. NW<br>Number Street   |                       | When was the debt incurred?n/a  |   |
|         | PO Box 111   |                       | As of the date you file, the claim is: Check all that apply.  Contingent  |   |
|         | Miami Oklahoma   | 74355                 | Unliquidated  |   |
|         | -  | Zip Code              | Disputed  |   |
|         | Who incurred the debt? Check one.  Debtor 1 only   |                       | Type of NONPRIORITY unsecured claim:  |   |
|         | Debtor 2 only  |                       | Student loans   |   |
|         | Debtor 1 and Debtor 2 only   |                       | Obligations arising out of a separation agreement or  |   |
|         | <u>'</u>   |                       | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar   |   |
|         | At least one of the debtors and another  | 4.14                  | debts   |   |
|         | Check if this claim relates to a community is the claim subject to offset?                             | y debt                | Other. Specify Payday loans   |   |
|         | No   |                       |   |   |
|         | Yes  |                       |   |   |
| 4.2     | Blitt & Gaines PC  |                       | Lost A digits of account number   | \$0.00                                  |
|         | Nonpriority Creditor's Name<br>661 Glenn Ave   |                       | Last 4 digits of account number When was the debt incurred? n/a   |   |
|         | Number Street  |                       |   |   |
|         |  |                       | As of the date you file, the claim is: Check all that apply.  Contingent  |   |
|         |  |                       | Unliquidated  |   |
|         |  | 60090<br>Zip Code     | Disputed  |   |
|         | Who incurred the debt? Check one.  | ,                     | Type of NONPRIORITY unsecured claim:  |   |
|         | Debtor 1 only  |                       | Student loans   |   |
|         | Debtor 2 only  |                       | Obligations arising out of a separation agreement or  |   |
|         | Debtor 1 and Debtor 2 only   |                       | divorce that you did not report as priority claims  |   |
|         | At least one of the debtors and another  |                       | Debts to pension or profit-sharing plans, and other similar debts   |   |
|         | Check if this claim relates to a communit  | y debt                | Other. Specify Notice Only (2017-M1-114215)   |   |
|         | Is the claim subject to offset?  No  |                       |   |   |
|         | Yes  |                       |   |   |
| 4.3     | Blue Cross Blue Shield   |                       |   | \$0.00                                  |
| 1.0     | Nonpriority Creditor's Name  |                       | Last 4 digits of account number When was the debt incurred? n/a   | Ψ0.00                                   |
|         | PO Box 7344 Number Street  |                       |   |   |
|         |  |                       | As of the date you file, the claim is: Check all that apply.  Contingent  |   |
|         |  |                       | Unliquidated  |   |
|         |  | 60680<br>Zip Code     | Disputed  |   |
|         | Who incurred the debt? Check one.  | p                     | Type of NONPRIORITY unsecured claim:  |   |
|         | Debtor 1 only  |                       | Student loans   |   |
|         | Debtor 2 only  |                       | Obligations arising out of a separation agreement or  |   |
|         | Debtor 1 and Debtor 2 only   |                       | divorce that you did not report as priority claims  |   |
|         | At least one of the debtors and another  |                       | Debts to pension or profit-sharing plans, and other similar debts   |   |
|         | Check if this claim relates to a communit  | y debt                | Other. Specify Notice only  |   |
|         | Is the claim subject to offset?  No  |                       |   |   |
|         | □ Ves  |                       |   |   |
| Offic   | oil lors 106E/E  | hadula E/Ei Cradita   | re Who Have Unsecured Claims  | nage 2                                  |

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Debtor 1 Eric Dobbs Case number (if known) Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 Brinks Home Security \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO Box 70834 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 28272 North Carolina Charlotte State City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Notice only V Is the claim subject to offset? No Yes CAPITALONE \$1,483.00 Last 4 digits of account number \_ 9601 Nonpriority Creditor's Name When was the debt incurred? 5/2015 PO BOX 30253 Street Number As of the date you file, the claim is: Check all that apply. Contingent SALT LAKE CITY Utah 84130 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one.  $\overline{\phantom{a}}$ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset?  $\overline{\mathbf{v}}$ **✓** No Yes Chicago Sports Orthopedics \$450.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 18660 Graphics Dr. Suite 100 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Tinley Park 60477 Illinois Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims

✓ No Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim relates to a community debt

debts

Other. Specify \_

Debts to pension or profit-sharing plans, and other similar

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Debtor 1 Eric Dobbs Case number (if known) Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 Comcast \$500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 11621 E. Marginal Way # 5 Number As of the date you file, the claim is: Check all that apply. Bankruptcy Dept Contingent Unliquidated Washington 98168 Seattle City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other V Other. Specify \_ Is the claim subject to offset? No Yes 4.8 ComEd \$567.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 3 Lincoln Center Street As of the date you file, the claim is: Check all that apply. Bankruptcy Section Contingent Unliquidated Oakbrook Terrace Illinois 60181 City Disputed Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Unpaid Electric  $\overline{\mathbf{v}}$ Is the claim subject to offset? **✓** No Yes CREDIT PROTECTION ASSO \$552.00 4.9 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 10/2017 1355 NOEL RD SUITE 2100 Number Street As of the date you file, the claim is: Check all that apply. Contingent **DALLAS** 75240 Texas Unliquidated Zip Code City State Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims

No I✓I

Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim relates to a community debt

debts

Other, Specify

**V** 

Debts to pension or profit-sharing plans, and other similar

001 Collection; Collecting for

ORIGINAL CREDITOR:

COMMONWEALTH EDISON **COMPANY** 

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Debtor 1 Eric Dobbs Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 \$74,216.00 Last 4 digits of account number Nonpriority Creditor's Name 101 E FIFTH ST STE 2400 When was the debt incurred? 1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated SAINT PAUL 55101 Minnesota City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only ✓ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? No ☐ Yes 4.11 **ECMC** \$5,892.00 Last 4 digits of account number \_ 0001 Nonpriority Creditor's Name When was the debt incurred? 1/2015 101 E FIFTH ST STE 2400 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 55101 SAINT PAUL Minnesota City Disputed Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only ✓ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No Yes MERCHANTS CREDIT GUIDE \$250.00 4.12 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 9/2015 223 W JACKSON BLVD # 700 Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60606 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? |✓| ORIGINAL CREDITOR: MEDICAL No

Yes

Other. Specify

PAYMENT DATA

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Debtor 1 Eric Dobbs Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** Mt. Sinai Hospital 4.13 \$250.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 1905 Paysphere Circle Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60674 Illinois Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Unpaid Medical Is the claim subject to offset? No ☐ Yes 4.14 Peoples Gas \$2,865.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 200 E. Randolph As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60601 Disputed City State Zip Code Who incurred the debt? Check one Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify **Unpaid Gas** Is the claim subject to offset? **✓** No Yes Sutton Ford Lincoln \$17,000.00 4.15 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 21315 Central Ave Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Matteson Illinois 60443 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset?

✓ No ☐ Yes

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Debtor 1 Eric Dobbs Case number (if known) First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 TD BANK USA/TARGETCRED \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 673 When was the debt incurred? 8/2004 Number Street As of the date you file, the claim is: Check all that apply. Contingent MINNEAPOLIS Minnesota 55440 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or At least one of the debtors and another divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes

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Debtor 1 Eric Dobbs Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.

Add the amounts for each type of unsecured claim.

| 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. |   |     |              |  |  |  |
|---|---|-----|--------------|--|--|--|
|   |   |     | Total claims |  |  |  |
| Total claims from Part 1  | 6a. Domestic support obligations.   | 6a. | \$1,700.00   |  |  |  |
|   | 6b. Taxes and certain other debts you owe the government  |     |              |  |  |  |
|   | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$0.00       |  |  |  |
|   | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$0.00<br>I. |  |  |  |
|   | 6e. Total. Add lines 6a through 6d.   | 6e. | \$1,700.00   |  |  |  |
|   |   |     | Total claims |  |  |  |
| Total claims  | 6f. Student loans   | 6f. | \$80,108.00  |  |  |  |
|   | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00       |  |  |  |
|   | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.00       |  |  |  |
|   | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$25,269.00  |  |  |  |
|   | 6j. Total. Add lines 6f through 6i.   | 6j. | \$105,377.00 |  |  |  |

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| Fill in this infor        | mation to identify your c | ase:        |                              |          |
|---------------------------|---------------------------|-------------|------------------------------|----------|
| Debtor 1                  | Eric                      |             | Dobbs                        |          |
|                           | First Name                | Middle Name | Last Name                    | ,        |
| Debtor 2                  |                           |             |                              |          |
| (Spouse, if filing)       | First Name                | Middle Name | Last Name                    | <u> </u> |
| United States B           | ankruptcy Court for the:  | Northern    | District of Illinois (State) |          |
| Case number<br>(If known) |                           |             | (5.11.17)                    |          |

#### Official Form 106G

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or co           | mpany with whom you have | the contract or lease | State what the contract or lease is for                   |
|------------------------|--------------------------|-----------------------|---|
| 2.1 Landlord<br>Name   | Clalana                  |                       | Residential Lease,<br>Debtor is Lessee,<br>Month to Month |
| 1245 North k<br>Number | Street                   |                       |   |
| Chicago                | Illinois                 | 60651                 |   |
| City                   | State                    | Zip Code              |   |

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|                                 |                            | D   | Cument Page                             | : 32 01 74   |
|---------------------------------|----------------------------|---|---|--|
| Fill in this infor              | rmation to identify your o | case:   |   |  |
| Debtor 1                        | Eric                       |   | Dobbs                                   |  |
| D. I                            | First Name                 | Middle Name   | Last Name                               |  |
| Debtor 2<br>(Spouse, if filing) | First Name                 | Middle Name   | Last Name                               |  |
| United States I                 | Bankruptcy Court for the:  | Northern  | District of Illinois                    |  |
| Case number                     |                            |   | (State)                                 |  |
| (If known)                      |                            |   |   | <del></del>  |
|                                 |                            |   |   | Check if this is ar amended filing   |
| Official                        | Form 106H                  |   |   | arrended ming  |
| Official                        | 1 01111 10011              |   |   |  |
| Schedul                         | e H: Your Cod              | debtors   |   | 12/15  |
| 1. Do you ha                    |                            | ou are filing a joint case, do                          | not list either spouse as a             | codebtor.)   |
| Idaho, Lo                       |                            | lived in a community pro<br>xico, Puerto Rico, Texas, W |   | (Community property states and territories include Arizona, California, .) |
|                                 |                            | er spouse, or legal equiva                              | alent live with you at the ti           | ime?   |
|                                 | No                         |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
|                                 | Yes. In which communi      | ty state or territory did yo                            | u live?                                 | Fill in the name and current address of that person.                       |
|                                 | Name of your spouse,       | former spouse, or legal equ                             | iivalent                                |  |
|                                 | Number Street              |   |   |  |
|                                 | City                       | State   | Zip Cod                                 | de   |
| 3. In Colum                     | n 1 list all of your code  | htors Do not include you                                | r snouse as a codebtor i                | f your spouse is filing with you. List the person shown in line 2          |
| again as                        | a codebtor only if that p  | person is a guarantor or o                              | osigner. Make sure you                  | have listed the creditor on Schedule D (Official Form 106D),               |
| Schedule                        | E/F (Official Form 106     | E/F), or Schedule G (Offic                              | ial Form 106G). Use <i>Sch</i> e        | edule D, Schedule E/F, or Schedule G to fill out Column 2.                 |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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| Fill in this in  | formation to identify  | your case:   |  |                   |                   |   |  |
|--|--|--|--|-------------------|-------------------|---|--|
| Debtor 1   | Eric   |  | Dobbs  | <u> </u>          |                   |   |  |
|  | First Name   | Middle Name  | Last N   | ame               | Che               | ck if this is:  |  |
| Debtor 2<br>(Spouse, if filing                           | g) First Name  | Middle Name  | Last N   | ama               | - I n             | An amended filing   |  |
|  |  |  |  |                   |                   | A supplement showing post-petition chapter 1  |  |
| United States the:                                       | Bankruptcy Court for   | Northern   | _ District of Illi                             | nois<br>tate)     |                   | expenses as of the following date:  |  |
| Case numbe   | r  |  | (0   | uto)              |                   |   |  |
| (lf known)   | •  |  |  |                   |                   | MM / DD / YYYY  |  |
| Official   | Form 106I  |  |  |                   |                   |   |  |
| Schedu   | le I: Your In  | come   |  |                   |                   | 12/1  |  |
| information<br>spouse. If m<br>number (if k              | about your spouse. I   | f you are separated and<br>I, attach a separate she<br>y question.           | d your spous                                   | se is not filing  | with you, do      | r spouse is living with you, include<br>not include information about your<br>onal pages, write your name and case              |  |
| 1. Fill in yo  | ur employment  |  | Debtor 1                                       |                   |                   | Debtor 2  |  |
| informat   | ion.   | Employment status  |  |                   |                   |   |  |
| •  | ve more than one job,  | Employment status  | Emplo  | -                 |                   | Employed  |  |
|  | separate page with<br>on about additional  |  | ☐ Not En                                       | nployed           |                   | Not Employed  |  |
| employers.   |  | Occupation   | Lead Resid                                     | dential           |                   |   |  |
|  | art time, seasonal, or   | Employer's name  | MYSI   |                   |                   |   |  |
| self-empl  | oyed work.   | Employer's address   | 3001 W 1                                       |                   |                   |   |  |
| •  | on may include student<br>naker, if it applies.  |  | 3001 W. 111th Street, Suite 101  Number Street |                   | 101               | Number Street   |  |
|  |  |  | Chicago<br>City                                | Illinois<br>State | 60655<br>Zip Code | City State Zip Code   |  |
|  |  | How long employed there?   | 5 years 3 r                                    | months            | ·                 | ,   |  |
| Part 2: Gi   | ve Details About N   | Monthly Income   |  |                   |                   |   |  |
| Estimate m<br>spouse unle<br>If you or you<br>more space | nonthly income as of the session of the session are separated. It is non-filing spouse have a stach a separate she | the date you file this form<br>e more than one employer,<br>et to this form. | combine the                                    | information for   | all employers fo  | vrite \$0 in the space. Include your non-filing r that person on the lines below. If you need For Debtor 2 or non-filing spouse |  |
| deducti<br>be.   | ons.) If not paid monthly  | ary, and commissions (befo<br>, calculate what the monthly                   |  | 2.                | \$3,279.49        |   |  |
| 3. Estima  | te and list monthly ove  | rtime pay.   |  | 3.                | + \$0.00          |   |  |
| 4. Calcul  | ate gross income. Add I  | ine 2 + line 3.  |  | 4.                | \$3,279.49        |   |  |

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| Debtor 1Eric First Name Middle Name   | Last Name               | Case number              | (if                               |  |
|---|-------------------------|--------------------------|-----------------------------------|--|
| riist ivaine iviidule ivaine  | Last Name               | known) For Debtor 1      | For Debtor 2 or non-filing spouse |  |
| Copy line 4 here  | <b>→</b> 4.             | \$3,279.49               |                                   |  |
| 5. List all payroll deductions:   |                         |                          |                                   |  |
| 5a. Tax, Medicare, and Social Security deductions   | 5a.                     | \$664.63                 |                                   |  |
| 5b. Mandatory contributions for retirement plans  | 5b.                     | \$0.00                   |                                   |  |
| 5c. Voluntary contributions for retirement plans  | 5c.                     | \$0.00                   |                                   |  |
| 5d. Required repayments of retirement fund loans  | 5d.                     | \$0.00                   |                                   |  |
| 5e. Insurance   | 5e.                     | \$505.38                 |                                   |  |
| 5f. Domestic support obligations  | 5f.                     | \$492.72                 |                                   |  |
| 5g. <b>Union dues</b>   | 5g.                     | \$0.00                   |                                   |  |
| 5h. Other deductions. Specify:  | 5h. +                   | \$0.00 +                 |                                   |  |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5h$ .   | 5e +5f + 5g 6.          | \$1,662.72               |                                   |  |
| 7. Calculate total monthly take-home pay. Subtract line 6 from  | m line 4. 7.            | \$1,616.77               |                                   |  |
| 8. List all other income regularly received:  |                         |                          |                                   |  |
| 8a. Net income from rental property and from operating business, profession, or farm  |                         |                          |                                   |  |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses the total monthly net income.  |                         | \$0.00                   |                                   |  |
| 8b. Interest and dividends  | 8b.                     | \$0.00                   |                                   |  |
| 8c. Family support payments that you, a non-filing spous dependent regularly receive  | e, or a                 |                          |                                   |  |
| Include alimony, spousal support, child support, mainten divorce settlement, and property settlement.   | ance,<br>8c.            | \$0.00                   |                                   |  |
| 8d. Unemployment compensation   | 8d.                     | \$0.00                   |                                   |  |
| 8e. Social Security   | 8e.                     | \$0.00                   | - <u></u> -                       |  |
| 8f. Other government assistance that you regularly receil Include cash assistance and the value (if known) of any no cash assistance that you receive, such as food stamps (be under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: | on-                     | \$0.00                   |                                   |  |
| 8g. Pension or retirement income  | 8g.                     | \$0.00                   |                                   |  |
| 8h. Other monthly income. Specify:  | 8h. +                   | \$0.00 +                 |                                   |  |
| 9. Add all other income Add lines $8a + 8b + 8c + 8d + 8e + 8f$   | +8g + 8h. 9.            | \$0.00                   |                                   |  |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-fil  | 10.<br>ling spouse      | \$1,616.77 +             | =                                 | \$1,616.77                             |
| 11. State all other regular contributions to the expenses that Include contributions from an unmarried partner, members of friends or relatives. Do not include any amounts already included in lines 2-10 or   | f your household, you   | r dependents, your roomm |                                   |  |
| Specify:  |                         |                          | 11                                | \$0.00                                 |
| 12. Add the amount in the last column of line 10 to the amo<br>Write that amount on the <i>Summary of Schedules and Statistic</i>   |                         |                          |                                   | 2. \$1,616.77  Combined monthly income |
| 13. Do you expect an increase or decrease within the year a No.   | after you file this for | m?                       |                                   |  |
| Yes. Explain:   |                         |                          |                                   |  |

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|                                    |                                       | Docu   | ment Page 35 of 74                                  | ļ                 |   |
|------------------------------------|---------------------------------------|--|---|-------------------|---|
| Fill in this infor                 | mation to identify                    | your case:   |   |                   |   |
| Debtor 1                           | Eric<br>First Name                    | Middle Name  | Dobbs<br>Last Name                                  |                   |   |
| Debtor 2                           |                                       |  |   | Check if this is: |   |
| (Spouse, if filing)                | First Name                            | Middle Name  | Last Name   | An amended fili   | ng  |
| United States B                    | ankruptcy Court f                     | or the: Northern [   | District of Illinois (State)                        |                   | howing post-petition chapter 13 the following date: |
| Case number (If known)             |                                       |  |   | MM / DD / YYY     | <del></del>   |
|                                    | Form 10                               |  |   |                   |   |
| <u>Schedul</u>                     | e J: Your                             | Expenses   |   |                   | 12/15   |
| information. If (if known). Ans    | more space is ne<br>wer every questi  |  |   |                   |   |
| Part 1: Desc                       | cribe Your Hou                        | sehold   |   |                   |   |
| 1. Is this a join                  | nt case?                              |  |   |                   |   |
| ✓ No. Go                           | to line 2                             |  |   |                   |   |
| Yes. Do                            | oes Debtor 2 live                     | in a separate household?   |   |                   |   |
| г                                  | No                                    |  |   |                   |   |
| -                                  | Yes. Debtor 2 r                       | must file Official Forms 106J-2, <i>Exper</i>                                | nses for Separate Household of Debt                 | or 2.             |   |
| 2. Do you have                     | e dependents?                         | □ No   |   |                   |   |
| Do not list D<br>Debtor 2.         | ebtor 1 and                           | Yes. Fill out this information for each dependent                            | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's age   | Does dependent live with you?                       |
|                                    |                                       |  | Child   | 16 years          | No.   |
|                                    |                                       |  |   |                   | Yes.  |
| expenses of                        | enses include<br>f people other       | <b>✓</b> No  |   |                   |   |
| than<br>yourself and<br>dependents | •                                     | Yes  |   |                   |   |
| Part 2: Estir                      | mate Your Ong                         | joing Monthly Expenses   |   |                   |   |
|                                    | of a date after the                   | our bankruptcy filing date unless y<br>bankruptcy is filed. If this is a sup |   |                   |   |
|                                    | •                                     | non-cash government assistance uded it on Schedule I: Your Income            | -   |                   | Your expenses                                       |
|                                    | or home owners<br>or the ground or lo | ship expenses for your residence. In<br>t. 4.                                | clude first mortgage payments and                   |                   | <b>\$400.00</b>                                     |
| If not incl                        | uded in line 4:                       |  |   |                   |   |

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Eric Dobbs Case number (if known) 
First Name Middle Name Last Name

| I IIST NATIFE WILDLING LAST NATIFE  |     |               |
|---|-----|---------------|
|   |     | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans   | 5.  | \$0.00        |
| 6. Utilities:   |     |               |
| 6a. Electricity, heat, natural gas  | 6a. | \$150.00      |
| 6b. Water, sewer, garbage collection  | 6b. | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c. | \$180.00      |
| 6d. Other. Specify:   | 6d  | \$0.00        |
| 7. Food and housekeeping supplies   | 7.  | \$200.00      |
| 8. Childcare and children's education costs   | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning  | 9.  | \$10.00       |
| 10. Personal care products and services   | 10. | \$10.00       |
| 11. Medical and dental expenses   | 11. | \$10.00       |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments  | 12. | \$130.00      |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13. | \$0.00        |
| 14. Charitable contributions and religious donations  | 14. | \$0.00        |
| 15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.   |     |               |
| 15a. Life insurance   | 15a | \$0.00        |
| 15b. Health insurance   | 15b | \$0.00        |
| 15c. Vehicle insurance  | 15c | \$165.00      |
| 15d. Other insurance. Specify:  | 15d | \$0.00        |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  |     |               |
| Specify:  | 16  | \$0.00        |
| 17. Installment or lease payments:  | 10  |               |
| 17a. Car payments for Vehicle 1   | 17a | \$354.00      |
| 17b. Car payments for Vehicle 2   | 17b | \$0.00        |
| 17c. Other. Specify:  | 17c | \$0.00        |
| 17d. Other. Specify:  | 17d | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from   |     | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18. |               |
| 19.Other payments you make to support others who do not live with you.  |     |               |
| Specify:  | 19. | \$0.00        |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property | 20a | \$0.00        |
| 20b. Real estate taxes.   |     | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance   | 20b |               |
| 20d. Maintenance, repair, and upkeep expenses.  | 20c | \$0.00        |
| 20e. Homeowner's association or condominium dues  | 20d | \$0.00        |
| 253. Tomos a dosodator of contaminant adds  | 20e | \$0.00        |

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| Debtor 1 Eric                          |   | Dobbs                       | Case number (if known) |     |            |
|--|---|-----------------------------|------------------------|-----|------------|
| First Name                             | Middle Name                               | Last Name                   |                        |     |            |
| 21. Other. Specify:                    |   |                             |                        | 21  | \$0.00     |
| 22. Calculate your                     | monthly expenses.                         |                             |                        |     | \$1,609.00 |
| 22a. Add lines 4                       | through 21.                               |                             |                        |     | \$0.00     |
| 22b. Copy line 2                       | 2 (monthly expenses for Debtor 2), if any | from Official Form 106J-2   |                        |     | \$1,609.00 |
| 22c. Add line 22a                      | a and 22b. The result is your monthly exp | enses.                      |                        | 22. |            |
| 23. Calculate your                     | monthly net income.                       |                             |                        |     |            |
| 23a. Copy line 12                      | 2 (your combined monthly income) from     | Schedule I.                 |                        | 23a | \$1,616.77 |
| 23b. Copy your                         | monthly expenses from line 22 above.      |                             |                        | 23b | \$1,609.00 |
|  | ur monthly expenses from your monthly i   | ncome.                      |                        |     | \$7.77     |
| The result is                          | s your monthly net income.                |                             |                        | 23c |            |
| For example, do mortgage paym  No  Yes | an increase or decrease in your expen     | oan within the year or do y | ou expect your         |     |            |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|--|--|
| Debtor 1  | Eric                      |             | Dobbs                        |  |  |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |  |  |
| Case number<br>(If known)                       |                           |             | (Class)                      |  |  |  |  |  |  |  |

#### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Pa | t 1: Sign Below  |   |
|----|--|---|
|    | Did you pay or agree to pay someone who is NOT an attorney to I                                  | nelp you fill out bankruptcy forms?   |
|    | <b>☑</b> No  |   |
|    | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|    |  |   |
|    |  |   |
|    | Under penalty of perjury, I declare that I have read the summary that they are true and correct. | and schedules filed with this declaration and   |
| ×  | /s/ Eric Dobbs   | ×   |
|    | Signature of Debtor 1  | Signature of Debtor 2   |
|    | Date 8/10/2018   | Date  |
|    | MM/DD/YYYY   | MM/DD/YYYY  |

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| Fill i  | n this i              | information to  | o identify your o | ase:                             |                          |                      |                 |                   |                                      |
|---------|-----------------------|-----------------|-------------------|----------------------------------|--------------------------|----------------------|-----------------|-------------------|--------------------------------------|
| Deb     | tor 1                 | Eric            |                   |                                  | Dobl                     | os                   |                 |                   |                                      |
|         |                       | First Na        | ame               | Middle                           | Name Last                | Name                 |                 |                   |                                      |
|         | tor 2<br>use, if fili | ing) First Na   | ame               | Middle                           | Name Last                | Name                 |                 |                   |                                      |
| Unit    | ed Sta                | tes Bankrupto   | y Court for the:  | Northern                         | District of              | Illinois             |                 |                   |                                      |
| Casi    | e num                 | her             |                   |                                  |                          | (State)              |                 |                   |                                      |
| (If kno |                       |                 |                   |                                  |                          |                      |                 |                   | _                                    |
| Of      | ficia                 | al Forn         | า 107             |                                  |                          |                      |                 |                   | Check if this is a<br>amended filing |
|         |                       |                 |                   | ıl Δffairs f                     | for Individua            | ls Filina fo         | r Bankrı        | ıntcv             | 04/1                                 |
| Be a    | s con                 | nplete and a    | ccurate as po     | ssible. If two med, attach a sep | narried people are fil   | ing together, both   | are equally     | responsible for s |                                      |
| Par     | <b>3</b> 1: (         | Give Details    | S About Your      | Marital Status                   | and Where You Li         | ved Before           |                 |                   |                                      |
| 1.      | Wha                   | at is your cur  | rent marital st   | atus?                            |                          |                      |                 |                   |                                      |
|         | П                     | Married         |                   |                                  |                          |                      |                 |                   |                                      |
|         | <b>✓</b>              | Not married     |                   |                                  |                          |                      |                 |                   |                                      |
| 2.      | Duri                  | ing the last 3  | years, have yo    | ou lived anywher                 | e other than where yo    | ou live now?         |                 |                   |                                      |
|         | П                     | No              |                   |                                  |                          |                      |                 |                   |                                      |
|         | <b>✓</b>              | Yes. List all   | of the places yo  | ou lived in the las              | st 3 years. Do not inclu | ıde where you live r | now.            |                   |                                      |
|         |                       | Debtor 1:       |                   |                                  | Dates Debtor 1 liv       | ed Debtor 2:         |                 |                   | Dates Debtor 2 lived there           |
|         |                       |                 |                   |                                  |                          | Same as              | s Debtor 1      |                   | Same as Debtor 1                     |
|         |                       | 7320 S. Was     | htenaw            |                                  |                          |                      |                 |                   |                                      |
|         |                       | Number Stre     |                   |                                  | From                     | Number Stre          | eet             |                   | From                                 |
|         |                       |                 |                   |                                  | То                       |                      |                 |                   | To                                   |
|         |                       | Chicago<br>City | Illinois<br>State | 60629<br>Zip Code                |                          | City                 | State           | Zip Code          |                                      |
|         | -                     | Only            | Otato             | Zip dddd                         |                          | <u>-</u> _           | s Debtor 1      | 210 0000          | Same as Debtor 1                     |
|         |                       |                 |                   |                                  |                          | _                    |                 |                   |                                      |
|         |                       | Number Stre     | et                |                                  | From                     | Number Stre          | eet             |                   | From                                 |
|         |                       |                 |                   | _                                | То                       |                      |                 |                   | То                                   |
|         |                       | City            | State             | Zip Code                         |                          | City                 | State           | Zip Code          |                                      |
| 2       | Wi+h:                 | n the last P v  | pare did vou o    | var liva with a a                | nouse or legal equival   | lent in a community  | v nronerty etci | te or territory?  | mmunity property states              |
| 3.      |                       |                 |                   |                                  | siana, Nevada, New Me    |                      |                 |                   | immumity property states             |
|         | <b>√</b> N            | No              |                   |                                  |                          |                      |                 |                   |                                      |
|         | T Y                   | 'es. Make su    | re you fill out S | chedule H: Your                  | Codebtors (Official Fo   | orm 106H).           |                 |                   |                                      |

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| tor 1 Eric   | Dobb   |   | number (if known)                                      |   |
|--|--|---|--|---|
| First Name Middl   | e Name Last N  | Name  |  |   |
| 2: Explain the Sources of Your In-   | come   |   |  |   |
| Did you have any income from employm Fill in the total amount of income you recei activities. If you are filing a joint case and you No Yes. Fill in the details.  | ved from all jobs and all bu   | usinesses, including part-time  | •  | years?  |
|  | Debtor 1   |   | Debtor 2   |   |
|  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions an<br>exclusions)            |
| From January 1 of current year until the date you filed for bankruptcy:  | Wages, commissions, bonuses, tips Operating a business                                 | \$21000.00  | Wages, commissions, bonuses, tips Operating a business |   |
| For last calendar year: (January 1 to December 31, 2017 )  YYYY  | Wages, commissions, bonuses, tips Operating a business                                 | \$20000.00  | Wages, commissions, bonuses, tips Operating a business |   |
| For the calendar year before that: (January 1 to December 31, 2016 )  YYYY   | Wages, commissions, bonuses, tips Operating a business                                 | \$20000.00  | Wages, commissions, bonuses, tips Operating a business |   |
| Did you receive any other income during include income regardless of whether that in public benefit payments; pensions; rental in filling a joint case and you have income that List each source and the gross income from No  Yes. Fill in the details. | ncome is taxable. Example<br>come; interest; dividends;<br>you received together, list | s of other income are alimony;<br>money collected from lawsuits<br>it only once under Debtor 1. | ; royalties; and gambling and                          |   |
|  | Debtor 1   |   | Debtor 2   |   |
|  | Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions)                                | Sources of income<br>Describe below.                   | Gross income from each source (before deductions ar exclusions) |
| From January 1 of current year until the date you filed for bankruptcy:  | Est. LINK  | \$1,344.00  |  |   |
| For last calendar year: (January 1 to December 31, 2017 )  YYYY  | Est. LINK  | \$765.00  |  |   |
| For the calendar year before that: (January 1 to December 31, 2016 )   |  |   |  |   |

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Debtor 1 Eric Dobbs Case number (if known) Middle Name Last Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors

Other

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| 1          | Eric  |  |   | Do  | bbs   | Case number                                  | (if known)  |
|------------|---|--|---|---|---|--|---|
|            | First Name  |  | Middle Name   | Las                                       | t Name                                      |  |   |
| nsi<br>orp | ders include your reportations of which               | elatives; a<br>you are a<br>or a busin | ny general partners<br>n officer, director,<br>ess you operate as | s; relatives of any<br>person in control, | general partners; par<br>or owner of 20% or | tnerships of which y<br>more of their voting | who was an insider? You are a general partner; It is securities; and any managing The domestic support obligations, |
| <b>✓</b>   | No  |  |   |   |   |  |   |
| Ħ          | Yes. List all payn                                    | nents to a                             | ın insider.   |   |   |  |   |
|            |   |  |   | Dates of payment                          | Total amount paid                           | Amount you still owe                         | Reason for this payment   |
|            | Insider's Name  |  |   |   |   |  |   |
|            | Number Street   |  |   |   |   |  |   |
| _          | City  | State                                  | Zip Code  |   |   |  |   |
|            | Insider's Name  |  |   |   |   |  |   |
|            | Number Street   |  |   |   |   |  |   |
|            | City  | State                                  | Zip Code  |   |   |  |   |
|            | der?<br>ude payments on o<br>No<br>Yes. List all payn |  | _   | •   | Total amount paid                           | Amount you still owe                         | Reason for this payment   |
|            |   |  |   |   |   |  | Include creditor's name   |
|            | Insider's Name  |  |   |   |   |  |   |
|            | Number Street   |  |   |   |   |  |   |
| _          | City  | State                                  | Zip Code  |   |   |  |   |
|            | Insider's Name  |  |   |   |   |  |   |
|            | Number Street   |  |   |   |   |  |   |
|            |   |  |   |   |   |  |   |
|            | City  | State                                  | Zip Code  |   |   |  |   |

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Dobbs Debtor 1 Eric Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Contract Pending Circuit Court of Cook County, Illinois CAPITAL ONE BANK v. DOBBS ERIC Court Name On appeal 5600 Old Orchard Road NumberStreet Concluded Case number Illinois 60077 Skokie 2017-M1-114215 City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | or 1     | Eric   |             | Dobbs                     | Case number (if known          | 7)                       |                     |
|------|----------|--|-------------|---------------------------|--------------------------------|--------------------------|---------------------|
|      |          | First Name Middle Name   |             | Last Name                 | <u> </u>                       |                          |                     |
| 11.  |          | thin 90 days before you filed for bankruptc<br>counts or refuse to make a payment becau    |             |                           | bank or financial institution, | , set off any amou       | ints from your      |
|      | <b>✓</b> | No<br>Yes. Fill in the details.  |             |                           |                                |                          |                     |
|      |          | l  |             | Describe the action t     | he creditor took               | Date action was taken    | Amount              |
|      |          | Creditor's Name  | <del></del> |                           |                                |                          |                     |
|      |          | Number Street  |             |                           |                                |                          |                     |
|      |          |  |             | Last 4 digits of accoun-  | t number: XXXX-                |                          |                     |
|      |          | City State Zip Code  |             |                           |                                |                          |                     |
| 12.  |          | hin 1 year before you filed for bankruptcy,<br>pointed receiver, a custodian, or another o |             | y of your property in the | e possession of an assignee f  | or the benefit of o      | creditors, a court- |
|      | <b>✓</b> | No   |             |                           |                                |                          |                     |
|      |          | Yes  |             |                           |                                |                          |                     |
| Part | 5:       | List Certain Gifts and Contributions   |             |                           |                                |                          |                     |
| 13.  |          | thin 2 years before you filed for bankrupto  | , did y     | ou give any gifts with a  | total value of more than \$60  | 0 per person?            |                     |
|      |          | No Yes. Fill in the details for each gift.   |             |                           |                                |                          |                     |
|      |          | Gifts with a total value of more than \$60 per person                                      | )           | Describe the gifts        |                                | Dates you gave the gifts | Value               |
|      |          |  |             |                           |                                |                          |                     |
|      |          | Person to Whom You Gave the Gift   |             |                           |                                |                          |                     |
|      |          | Number Street  |             |                           |                                |                          |                     |
|      |          | City State Zip Code  |             |                           |                                |                          |                     |
|      |          | Person's relationship to you   |             |                           |                                |                          |                     |
|      |          | Person to Whom You Gave the Gift   |             |                           |                                |                          |                     |
|      |          | Number Street  |             |                           |                                |                          |                     |
|      |          | City State Zip Code Person's relationship to you   |             |                           |                                |                          |                     |

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|          | Eric   | Dobbs Case numb  | er <i>(if known)</i>                  |                   |
|----------|--|--|---------------------------------------|-------------------|
|          | First Name Middle Name   | Last Name  | · · · · · · · · · · · · · · · · · · · |                   |
|          |  |  |                                       |                   |
| . Wit    | hin 2 years before you filed for bankruptcy,   | did you give any gifts or contributions with a tota  | I value of more than \$600            | to any charity?   |
|          | No   |  |                                       |                   |
| ✓        |  |  |                                       |                   |
|          | Yes. Fill in the details for each gift or contrib  | oution.  |                                       |                   |
|          | Gifts or contributions to charities  | Describe what you contributed  | Date you                              | Value             |
|          | that total more than \$600   | besonbe what you contributed   | contributed                           | Value             |
|          | that total more than \$600   |  | Contributed                           |                   |
|          |  |  |                                       |                   |
|          | Charity's Name   |  |                                       |                   |
|          |  |  |                                       |                   |
|          |  |  |                                       |                   |
|          | Number Street  |  |                                       |                   |
|          | Number Street  |  |                                       |                   |
|          | City Code  |  |                                       |                   |
|          | City State Zip Code  |  |                                       |                   |
|          | 1210 121 122   |  |                                       |                   |
| rt 6:    | List Certain Losses  |  |                                       |                   |
| <u>√</u> | No Yes. Fill in the details.  Describe the property you lost and   | Describe any insurance coverage for the  | loss Date of your                     | Value of property |
|          | how the loss occurred  | Include the amount that insurance has paid. pending insurance claims on line 33 of Sche A/B: Property. | List loss                             | lost              |
|          |  |  |                                       |                   |
|          |  |  |                                       |                   |
|          | List Certain Payments or Transfers   |  |                                       |                   |
|          |  | s, or credit counseling agencies for services required i   |                                       |                   |
|          | No<br>Voc Fill in the details  | , o.   |                                       |                   |
| <b>✓</b> | No<br>Yes. Fill in the details.  |  |                                       |                   |
| <b>✓</b> |  | Description and value of any property transferred  | Date payment or transfer              | Amount of payment |
| <b>✓</b> | Yes. Fill in the details.  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
| <b>✓</b> | Yes. Fill in the details.  Semrad Law Firm   | Description and value of any property  | or transfer                           |                   |
| <b>✓</b> | Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid   | Description and value of any property transferred  | or transfer<br>was made               | payment           |
| 7        | Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue   | Description and value of any property transferred  | or transfer<br>was made               | payment           |
| <b>V</b> | Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid   | Description and value of any property transferred  | or transfer<br>was made               | payment           |
| <b>\</b> | Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue   | Description and value of any property transferred  | or transfer<br>was made               | payment           |
| <b>▽</b> | Yes. Fill in the details.  Semrad Law Firm  Person Who Was Paid  11101 S. Western Avenue  Number Street  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Yes. Fill in the details.  Semrad Law Firm  Person Who Was Paid 11101 S. Western Avenue  Number Street  Chicago Illinois 60643   | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Yes. Fill in the details.  Semrad Law Firm  Person Who Was Paid  11101 S. Western Avenue  Number Street  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Yes. Fill in the details.  Semrad Law Firm  Person Who Was Paid 11101 S. Western Avenue  Number Street  Chicago Illinois 60643  City State Zip Code  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Yes. Fill in the details.  Semrad Law Firm  Person Who Was Paid 11101 S. Western Avenue  Number Street  Chicago Illinois 60643  City State Zip Code  Email or website address  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Yes. Fill in the details.  Semrad Law Firm  Person Who Was Paid 11101 S. Western Avenue  Number Street  Chicago Illinois 60643  City State Zip Code  Email or website address  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
| $\Box$   | Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Yes. Fill in the details.  Semrad Law Firm  Person Who Was Paid  11101 S. Western Avenue  Number Street  Chicago Illinois 60643  City State Zip Code  Email or website address  None  Person Who Made the Payment, if Not You  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Yes. Fill in the details.  Semrad Law Firm  Person Who Was Paid  11101 S. Western Avenue  Number Street  Chicago Illinois 60643  City State Zip Code  Email or website address  None  Person Who Made the Payment, if Not You  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street                      | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street                      | Description and value of any property transferred  | or transfer<br>was made               | payment           |
|          | Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code | Description and value of any property transferred  | or transfer<br>was made               | payment           |

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| Debt | or 1            | Eric   |  | Dobbs                                       | Case number (if kno    | w <i>n</i> )                                    |                                  |
|------|-----------------|--|--|---|------------------------|---|----------------------------------|
|      |                 | First Name   | Middle Name  | Last Name                                   | _                      |   |                                  |
| 17.  | help            | nin 1 year before you filed<br>o you deal with your credinot include any payment or      | tors or to make paym                               |   | behalf pay or trans    | fer any property to a                           | nyone who promised to            |
|      | <b>✓</b>        | No   |  |   |                        |   |                                  |
|      |                 | Yes. Fill in the details.  |  |   |                        |   |                                  |
|      |                 |  |  | Description and value of any transferred    | property               | Date<br>payment or<br>transfer was<br>made      | Amount of payment                |
|      |                 | Person Who Was Paid  |  |   |                        |   |                                  |
|      |                 | Number Street  |  |   |                        |   |                                  |
|      |                 | City State   | Zip Code   |   |                        |   |                                  |
|      | the<br>Incluand | ordinary course of your bude both outright transfers a transfers that you have alread No | usiness or financial at<br>and transfers made as s | security (such as the granting of a se      |                        |   |                                  |
|      |                 | Yes. Fill in the details.  |  |   |                        |   |                                  |
|      |                 |  |  | Description and value of pro<br>transferred |                        | any property or<br>received or debts page<br>ge | Date<br>aid transfer was<br>made |
|      |                 | Person Who Received Trans  | nsfer  |   |                        |   |                                  |
|      |                 | Number Street  |  |   |                        |   |                                  |
|      |                 | City State<br>Person's relationship to yo  | Zip Code<br>u                                      |   |                        |   |                                  |
|      |                 | Person Who Received Trans  | nsfer  |   |                        |   |                                  |
|      |                 | Number Street  |  |   |                        |   |                                  |
|      |                 | City State<br>Person's relationship to yo  | Zip Code<br>u                                      |   |                        |   |                                  |
| 9.   | ben             | nin 10 years before you fileficiary? ses are often called asset-pro                      |  | d you transfer any property to a s          | elf-settled trust or s | similar device of whic                          | ch you are a                     |
|      |                 | No   | ,  |   |                        |   |                                  |
|      | Ш               | Yes. Fill in the details.  |  | Description and value of the                | property transferre    | ed  | Date transfer was made           |
|      |                 | Name of trust  |  |   |                        |   |                                  |

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Dobbs Debtor 1 Eric Case number (if known) Middle Name Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

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Dobbs Debtor 1 Eric Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Environmental law, if you know it Governmental unit Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

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| Debtor 1 |                           |               |                   | Dobbs                      | Case nu                 | mber (if known)  |               |
|----------|---------------------------|---------------|-------------------|----------------------------|-------------------------|--|---------------|
|          | First Name                |               | Middle Name       | Last Name                  |                         |  |               |
| _        |                           | y in any judi | cial or administr | rative proceeding unde     | r any environmental l   | aw? Include settlements and ord                        | ers.          |
| ¥        | No<br>Yes. Fill in the de | tails.        |                   |                            |                         |  |               |
|          | 1 100.1 40                | ano.          |                   | Court or agency            | N                       | ature of the case                                      | Status of the |
|          |                           |               |                   | ,                          |                         |  | case          |
|          | Case title                |               |                   |                            |                         |  | Pending       |
|          |                           |               |                   | Court Name                 |                         |  | On appeal     |
|          | Case number               |               |                   | NumberStreet               |                         |  |               |
|          |                           |               |                   | City State                 | Zip Code                |  | Concluded     |
| Part 11: | Give Details A            | hout Vour     | Business or Ca    | onnections to Any B        | usinoss                 |  | 1             |
| rait II. | Give Details A            | bout rour     | Dusiness of Oc    | onlections to Any Di       | u3ii ie33               |  |               |
| 27. Wi   | thin 4 years before       | you filed fo  | r bankruptcy, did | l you own a business o     | r have any of the follo | wing connections to any business                       | s?            |
|          |                           |               |                   | ade, profession, or othe   | =                       | me or part-time  |               |
|          |                           |               |                   | LC) or limited liability p | artnership (LLP)        |  |               |
|          | A partner in              | -             |                   | ve of a corporation        |                         |  |               |
|          |                           |               |                   | equity securities of a co  | rporation               |  |               |
|          |                           |               |                   |                            |                         |  |               |
| ¥        | No. None of the a         |               |                   | details below for each     | husiness                |  |               |
|          | 100. Oncor all all        | ат арріу арт  |                   |                            | ture of the business    | Employer Identification r                              | umber Do not  |
|          |                           |               |                   |                            |                         | include Social Security n                              |               |
|          | Business Name             |               |                   | _                          |                         | EIN:   |               |
|          |                           |               |                   | _                          |                         |  |               |
|          | Number Street             |               |                   | Name of accoun             | tant or bookkeeper      | Dates business existed                                 |               |
|          | City                      | State         | Zip Code          | _                          |                         | From To  |               |
|          |                           |               |                   |                            |                         |  |               |
|          |                           |               |                   |                            |                         |  |               |
|          |                           |               |                   | Describe the nat           | ture of the business    | Employer Identification r include Social Security n    |               |
|          |                           |               |                   | _                          |                         | EIN:   |               |
|          | Business Name             |               |                   |                            |                         |  |               |
|          | Number Street             |               |                   | _                          |                         | Dates business existed                                 |               |
|          | Cit.                      | Otata         | 7in Ondo          | Name of accoun             | tant or bookkeeper      | _  |               |
|          | City                      | State         | Zip Code          |                            |                         | From To  | <del></del>   |
|          |                           |               |                   |                            |                         |  |               |
|          |                           |               |                   |                            |                         |  |               |
|          |                           |               |                   | Describe the nat           | ture of the business    | Employer Identification r<br>include Social Security n |               |
|          |                           |               |                   | _                          |                         | EIN:   |               |
|          | Business Name             |               |                   |                            |                         |  |               |
|          | Number Street             |               |                   | _                          |                         | Dates business existed                                 |               |
|          | Cit.                      | Otele         | 7:- 0 - 1         | Name of accoun             | tant or bookkeeper      | _  |               |
|          | City                      | State         | Zip Code          |                            |                         | From To  |               |
|          |                           |               |                   |                            |                         |  |               |
|          |                           |               |                   |                            |                         |  |               |

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| Debt                                       | otor 1 Eric   | Dobbs                               | Case number (if known)   |
|--|---|-------------------------------------|--|
|  | First Name Middle Name  | Last Name                           |  |
| 28.  | creditors, or other parties.  | , did you give a financial statem   | ent to anyone about your business? Include all financial institutions,   |
|  | <ul><li>✓ No</li><li>✓ Yes. Fill in the details below.</li></ul>                                    |                                     |  |
|  |   | Date issued                         |  |
|  | Name  | MM/DD/YYYY                          | -  |
|  | Number Street   |                                     |  |
|  | City State Zip Coo  | de                                  |  |
| Part                                       | t 12: Sign Below  |                                     |  |
| t  | true and correct. I understand that making a fa<br>a bankruptcy case can result in fines up to \$25 | Ise statement, concealing prope     | nents, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|  | /s/ Eric Dobbs  |                                     | ×  |
|  | Signature of Debtor 1   |                                     | Signature of Debtor 2  |
|  | Date 8/10/2018  |                                     | Date   |
|  | Did you attach additional pages to Your Statem  | nent of Financial Affairs for Indiv | iduals Filing for Bankruptcy (Official Form 107)?  |
| [<br>[                                     | ✓ No ✓ Yes  |                                     |  |
|  | Did you pay or agree to pay someone who is no   | t an attorney to help you fill out  | hankruntey forme?  |
| ֡֡֜֜֝֓֜֓֜֓֜֓֜֓֜֓֜֜֜֜֓֓֓֓֜֓֜֓֓֓֓֜֓֜֓֜֓֓֓֓֓֓ |   | t an attorney to help you lill out  | Summapley forms:   |
|  | Yes. Name of person   |                                     | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  |

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| Fill in this information to identify your case: |                          |             |                      |  |  |  |  |  |  |
|---|--------------------------|-------------|----------------------|--|--|--|--|--|--|
| Debtor 1  | Eric                     |             | Dobbs                |  |  |  |  |  |  |
|   | First Name               | Middle Name | Last Name            |  |  |  |  |  |  |
| Debtor 2  |                          |             |                      |  |  |  |  |  |  |
| (Spouse, if filing)                             | First Name               | Middle Name | Last Name            |  |  |  |  |  |  |
| United States B                                 | ankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |  |  |
|   |                          |             | (State)              |  |  |  |  |  |  |
| Case number (If known)                          |                          |             |                      |  |  |  |  |  |  |

Check if this is an amended filing

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

| 1. | For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. |  |   |  |  |  |  |
|----|---|--|---|--|--|--|--|
|    | Identify the creditor and the property that is collateral   | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |  |  |  |  |
|    | Creditor's name: Santander Consumer USA  Description of property securing debt: 2015 Volkswagen Jetta   | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. ✓ Yes.  |  |  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |  |  |
|    |   |  |   |  |  |  |  |

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| Debtor          | Eric  |                               | Dobbs   | Case number (if  |   |
|-----------------|---|-------------------------------|---|--|---|
| 1               | First Name  | Middle Name                   | Last Name                                       | known)   |   |
| Part 2:         | List Your Unexpired P                                   | ersonal Property Lease        | es  |  |   |
| For any informa | unexpired personal prope<br>tion below. Do not list rea | erty lease that you listed in | Schedule G: Executory<br>leases are leases that | y Contracts and Unexpired Leases (Official Form 106G), fill are still in effect; the lease period has not yet ended. You u.U.S.C. § 365(p)(2). |   |
| Des             | scribe your unexpired pers                              | sonal property leases         |   | Will the lease be assumed?   |   |
| Les             | sor's name:   |                               |   | □ No □ Yes   |   |
|                 | scription of leased<br>perty:                           |                               |   |  |   |
| Les             | sor's name:   |                               |   | □ No □ Yes   |   |
|                 | scription of leased<br>perty:                           |                               |   | _  |   |
| Les             | sor's name:   |                               |   | □ No □ Yes   |   |
|                 | scription of leased<br>perty:                           |                               |   |  |   |
| Les             | sor's name:   |                               |   | □ No □ Yes   |   |
|                 | scription of leased<br>perty:                           |                               |   |  |   |
| Les             | sor's name:   |                               |   | No Yes   |   |
|                 | scription of leased<br>perty:                           |                               |   |  |   |
| Les             | sor's name:   |                               |   | No Yes   |   |
|                 | scription of leased<br>perty:                           |                               |   |  |   |
| Les             | sor's name:   |                               |   | □ No □ Yes   |   |
|                 | scription of leased<br>perty:                           |                               |   |  |   |
| Part_3:_        | Sign Below  |                               |   |  |   |
| Unde            |   |                               | my intention about any                          | property of my estate that secures a debt and any persona  | I |
| 4.0             |   |                               | 4.0   |  |   |
|                 | /s/ Eric Dobbs ignature of Debtor 1                     |                               | Sio   | gnature of Debtor 2  |   |
|                 | ate 8/10/2018   |                               | Da  | •  |   |
| 5               | MM/DD/YYYY  |                               | Da  | MM/DD/YYYY   |   |

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B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

|  | Northern   | District of Illinois  |                                     |
|--|--|---|-------------------------------------|
| n re <b>E</b>  | ic Dobbs   | Case No.  |                                     |
|  | Debtor   | _   | (If known)                          |
|  |  | Chapter   | Chapter 7                           |
| DISCLOS  | JRE OF COMPENSA  | ATION OF ATTORNEY   | FOR DEBTOR                          |
| compensation paid to                                       | me within one year before the filing                     | o), I certify that I am the attorney for the<br>g of the petition in bankruptcy, or agree<br>ontemplation of or in connection w ith | ed to be paid to me, for services   |
| For legal services, I ha                                   | ve agreed to accept                                      |   | \$1,465.00                          |
| Prior to the filing of th                                  | is statement I have received                             |   | \$0.00                              |
| Balance Due  |  |   | \$1,465.00                          |
| 2. The source of the con                                   | pensation paid to me was:                                |   |                                     |
| <b>✓</b> Debtor  | Other  | (specify)   |                                     |
| 3. The source of the con                                   | pensation paid to me is:                                 |   |                                     |
| <b>✓</b> Debtor  | Other  | (specify)   |                                     |
| 4. I have not agreed members and ass                       | to share the above-disclosed compociates of my law firm. | pensation with any other person unless  | they are                            |
| members or asso  |  | cation with a other person or persons water agreement, together with a list of the n  |                                     |
| 5. In return for the above                                 | -disclosed fee, I have agreed to rer                     | nder legal service for all aspects of the b   | pankruptcy case, including:         |
| <ul><li>a. Analysis of the<br/>bankruptcy;</li></ul>       | e debtor's financial situation, and re                   | endering advice to the debtor in determ   | ining whether to file a petition in |
| b. Preparation ar  | d filing of any petition, schedules,                     | statements of affairs and plan which m  | ay be required;                     |
| c. Representation  | n of the debtor at the meeting of cr                     | editors and confirmation hearing, and a   | any adjourned hearings thereof;     |
| 6. By agreement with the                                   | e debtor(s), the above-disclosed fee                     | e does not include the following service  | s:                                  |
|  |  |   |                                     |
|  | CE   | ERTIFICATION  |                                     |
| I certify that the foregoi<br>debtor(s) in this bankruptcy |  | agreement or arrangement for payment  | to me for representation of the     |
| 8/10/2018  |  | /s/ Alexander Preber  |                                     |
| Date   |  | Signature of Attorney   |                                     |
|  |  | Semrad Law Firm   |                                     |
|  | <del></del>  | Name of law firm  |                                     |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:         | Dobbs, Eric                                   | Case No.                                  |                                     |
|----------------|---|---|-------------------------------------|
|                | Debtor(s)                                     |   |                                     |
|                |   | Chapter.                                  | Chapter7                            |
|                | VERIFICA                                      | TION OF CREDITOR MAT                      | RIX                                 |
| T<br>knowledge | he above named Debtors hereby verify tl<br>e. | nat the attached list of creditors is tru | ue and correct to the best of their |
| Date:          | 8/10/2018                                     | /s/ Dobbs, Eric                           |                                     |
|                |   | Signature of Debi                         | tor                                 |

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ECMC PO Box 16408 Attn: Joan Her Saint Paul, MN, 55116

Santander Consumer USA ATT POC: Janiscia Jackson PO Box 961245 Fort Worth, TX, 76161

CAPITALONE c/o Pollack & Rosen, P.C 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144

TD BANK USA/TARGETCRED PO Box 660170 Dallas, TX, 75266

CREDIT PROTECTION ASSO Po Box 9035 Addison, TX, 75001

MERCHANTS CREDIT GUIDE 223 W JACKSON BLVD # 700 Chicago, IL, 60606

ILLINOIS DCFS c/o: Cheryl Ruth 100 S Grand Ave East Springfield, IL, 62762

Illinois DCFS c/o Jescinda Howard PO Box 19405 Springfield, IL, 62794

Mt. Sinai Hospital 1905 Paysphere Circle Chicago, IL, 60674

Chicago Sports Orthopedics 18660 Graphics Dr. Suite 100 Tinley Park, IL, 60477

Blue Cross Blue Shield PO Box 105370 Atlanta, GA, 30348 Blitt & Gaines PC 661 Glenn Ave Wheeling, IL, 60090

ComEd 1919 Swift Drive Oak Brook, IL, 60523

Peoples Gas PO BOX 2968 Milwaukee, WI, 53201

Comcast p.o. box 196 Newark, NJ, 07101

Ameriloan 3531 P St. NW PO Box 111 Miami, OK, 74355

Brinks Home Security PO Box 70834 Charlotte, NC, 28272

Sutton Ford Lincoln 21315 Central Ave Matteson, IL, 60443 Case 18-22657 Doc 1 Filed 08/10/18 Entered 08/10/18 17:40:50 Desc Main Document Page 61 of 74

#### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28<sup>th</sup> Floor Chicago, IL 60603 (312) 913-0625

Thank you for selecting The Semrad Law Firm LLC (the "Firm") as legal counsel. It is our policy to confirm in writing the terms of our engagement, including the scope of our representation and how we will charge for our legal services. Those terms are set forth below.

- 1. Scope of Representation. The Firm will be representing you in all aspects of your Bankruptcy case filed under Chapter 7 of the United Stated Bankruptcy Code except for any adversary proceedings that may be filed against you. The scope of this representation does not include any other civil or criminal proceedings.
- 2. Conditional Representation. The Firm has agreed to represent you on the condition that you will enter into and sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case. If you refuse to enter into and sign the agreement within ten (10) days after the filing of your case, the Firm will file a motion to withdraw from representing you.

#### 3. Prepetition Fees.

- a. Before the case is filed, the Firm agrees to:
  - Personally counsel you regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures as well as nonbankruptcy options, and answer your questions;
  - ii. Personally explain to you that the Firm is being engaged to represent you on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees are determined and paid;
  - Personally review with you and sign the completed petition, statements, and schedules;
  - iv. Timely prepare and file your petition, statements, and schedules,
  - v. Advise you on which creditors you will need to continue to pay, such as housing or vehicle payments that you intend to retain.
- b. The fee for services provide before the case is filed is \$0.00.
- c. The Firm may also incur costs for such items as credit reports and tax transcripts for which it will <u>not</u> seek reimbursement.

#### 4. Post-Petition Fees.

- a. After the case is filed, the Firm agrees to:
  - Advise you of the requirement to attend the meeting of creditors and notify you of the date, time, and place of the meeting;

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#### [Type here]

- ii. Advise you of the requirement to attend a debtor education course and provide a certificate of completion to the Firm;
- iii. Send notice of your case filing to creditors;
- iv. Correspond with creditors regarding any matters necessary for the administration of your case, including to cease payroll garnishments, unfreeze bank accounts, or recover property that was improperly seized by a creditor;
- v. Timely submit to the Chapter 7 trustee properly documented proof of income, tax records as well as any other necessary documentation;
- vi. Provide you with knowledgeable legal representation at the meeting of creditors as well as any continued or rescheduled meetings in time for check-in and examination;
- vii. Timely prepare and file the notice of completion of the debtor education course;
- viii. If the Firm will be employing another attorney to attend the meeting of creditors, personally explain to you, in advance, the role and identity of the other attorneys and provide that attorney with your file in sufficient time to review it and properly represent you at the meeting;
- ix. Timely negotiate with the Trustee regarding any property or actions that the Trustee may pursue that could be adverse to your interests;
- x. Timely prepare, file, and serve any necessary statements, amended statements, amended schedules and any change of address, in accordance with information provided by you;
- xi. Monitor all incoming case information, including but not limited to, Reaffirmation agreements, notice of audits by the US Trustee, correspondence from you or any interested parties;
- xii. Review and negotiate, if necessary, any reaffirmation agreements and personally explain the terms of said agreements to you;
- xiii. Be available to respond to your questions throughout the term of the case;
- xiv. Review and timely respond, if necessary, to Trustee motions to dismiss the case;
- xv. Review and timely respond, if necessary, to motions for relief from stay;
- xvi. Prepare, file, and serve all appropriate motions to avoid liens;
- xvii. Prepare, file, and serve all appropriate motion to redeem;
- xviii. Send In Re Mendiola letters to previously undisclosed creditors; and
- xix. Provide any other legal services necessary for the administration of the case.
- b. The fee for services provide after the case is filed is \$1465.00.
- c. The firm will have no right to payment of the fee listed in section 4(b) unless you sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case.

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[Type here]

- d. After the case is filed, the Bankruptcy Court will require payment of filing fees in the amount of \$335.00. In order to pay this, you have two (2) options (please circle one):
  - i. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or

ii. Request that the Firm pay the costs on your behalf for which it will seek reimbursement from you;

- 5. Retainers and Payments to the Firm.
  - a. The fee being charged to you is a flat fee for services rendered during the Chapter 7 case and will be applied without the need for the Firm to keep detailed time records for the specific services performed.
  - b. Any funds paid to the Firm shall immediately become property of the Firm and will be deposited into the operating account of the Firm and will be used for general expenses of the firm.
  - c. While it is ordinarily your option to deposit funds with an attorney that shall remain your property as security for future services, the Firm does not represent clients under such a security retainer because bankruptcy cases require many disparate tasks and functions for the attorneys and support staff; some of which require legal expertise while others may only be ministerial in nature. The benefit to you is the firm's commitment to perform any and all work necessary to represent you in this Chapter 7 bankruptcy.
- 6. Right to Hire New Counsel. You always have the right at any time to terminate the Firm's representation and hire new counsel. Should you refuse to sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case, and the Firm moves to withdraw from representing you, you are strongly encouraged to hire new counsel.
- 7. Conflict Waiver. There is an inherent conflict wherever attorneys represent debtors in bankruptcy for a fee. The Firm is working to alleviate financial issues, while at the same time charging a fee. There have also previously been cases that questioned whether asking you to sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case presents a possible additional conflict of interest. The Firm may only represent you if that representation will not be materially limited by the Firm's own interests. We believe our ability to represent you will not be affected by your ongoing obligation to pay our post-petition fee. By signing this agreement, you are waiving this conflict and are allowing us to represent you. You

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[Type here]

do not have to waive this conflict of interest and can instead choose for the Firm not to represent you. You also have the right to consult separate counsel to discuss whether you should waive this conflict.

8. Merger. This agreement constitutes the entire agreement between you and the Firm. Any previous discussions or agreements are not valid or enforceable unless contained in this document.

| Alexander Prener, The Semrad Law Firm |        |  |
|---------------------------------------|--------|--|
| CONFIRMED:                            |        |  |
| Epo                                   |        |  |
| Eric Dobbs                            | Client |  |
|                                       |        |  |
| Date \$/10/2018                       | Date   |  |

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The Semrad Law Firm, LLC 20 S. Clark Street, 28<sup>th</sup> Floor Chicago IL 60603

#### **CHAPTER 7 DISCLAIMERS**

| 1. | I understand that The Semrad Law Firm, LLC has pulled my credit report, but that credit report does not  |
|----|--|
|    | report every debt I owe. I understand that it is my responsibility to provide all my debts to The Semrad |
|    | Law Firm, LLC to list in my bankruptcy.  |

tpl\_\_\_\_

2. I agree that in the preparation of my bankruptcy petition and schedules that I have disclosed to The Semrad Law Firm, LLC all my debts, sources of income, assets, personal property, real property, transfers of real estate or any property over the past 4 years, and all expenses I have.

JR \_\_\_\_

3. I agree that I will attend my creditors meeting at the time, date, and location that will be mailed to me by the Bankruptcy Court. Failure to attend this meeting is grounds for my case to be dismissed. I understand that at this meeting I will bring my driver's license or State ID and my original social security card. I understand that failure to bring said requested documents to the meeting could be grounds for the meeting to not be held.

£p \_\_\_\_

- 4. I understand and agree to complete my 2<sup>nd</sup> credit counseling course (Debtor Education course) within 45 days of my original 341 meeting date, and submit a copy of the certificate to my attorney and confirm receipt of the certificate. I also understand that there will be a separate cost for the 2<sup>nd</sup> course. I understand that failure to complete this 2<sup>nd</sup> course and submit it to my attorney can be grounds to have my case close without a discharge. I understand that if my case closes without a discharge, that additional filing fees would have to be paid to re-open my case to file the 2<sup>nd</sup> Debtor Education certificate.
- 5. If I have a garnishment coming out of my paycheck, The Semrad Law Firm, LLC will send notice of the bankruptcy to my payroll department and garnishing creditor to stop wage garnishments as long as I provide my payroll department contact information. If I choose to not provide my payroll contact information, I understand and agree that it is my responsibility to contact my payroll and garnishing creditor and provide them with proof of filing. Further, although the Semrad Law Firm, LLC will send notice of the bankruptcy filing to my payroll department and garnishing creditor, it is my responsibility to ensure notice was received.

the \_\_\_\_

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The Semrad Law Firm, LLC 20 S. Clark Street, 28<sup>th</sup> Floor Chicago IL 60603

6. I understand that I must have filed my federal and state taxes for the past 4 years if I was legally required to, and failure to have done so is grounds to have my case dismissed.



7. I understand that the entire firm of The Semrad Law Firm, LLC represents me and that while a different attorney might have counseled me and prepared my case, once it is filed, my case will be assigned to the attorneys and staff of the Chapter 7 department for the remainder of my case.



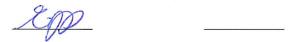
8. I understand and agree that I must fully disclose any and all assets, real property, cash, expected tax refunds, inheritance, or personal property of any kind prior to the filing of my bankruptcy.



9. I further understand that any assets including, but not limited to real property, cash, expected tax refunds, future settlements, potential or pending lawsuits, or personal property that has equity that cannot be exempted is subject to liquidation by the Chapter 7 Trustee.



10. I understand that the following debts will not be discharged in my Chapter 7 (this list shows the most common non-dischargeable debts, but not necessarily all): parking tickets, moving violations, student loans, certain governmental debts including taxes and code violations, and child support.



11. I understand that if I wish to keep a secured debt, for example, a mortgage(s) or automobile, I must sign a reaffirmation agreement. I understand that even if I am current on the debt, a reaffirmation agreement is offered solely at the discretion of the creditor. I understand that for my creditor(s) to offer me a reaffirmation agreement I must be current on my monthly payment. If I do not have a reaffirmation agreement offered to me by my finance company, that I may not be able to keep my secured debt.



12. I understand that I will work with my attorney to ensure the reaffirmation agreements are timely received, signed and filed with the Court. I understand the reaffirmation agreement must be filed with the court before the case discharges. Once the reaffirmation agreement is signed, filed with the Court and approved, the debt will be non-dischargeable. I understand that the bankruptcy judge will review my budget when approving or denying the reaffirmation agreement and that it is possible that the judge may determine that the reaffirmation is not in my best interest and deny the reaffirmation.

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The Semrad Law Firm, LLC 20 S. Clark Street, 28<sup>th</sup> Floor Chicago IL 60603

13. I understand that the scope of representation from The Semrad Law Firm, LLC does not extend to credit repair.

14. I understand that if I have made any recent credit card transactions, cash advances, or incurred loans during the 3 month period prior to my bankruptcy, an adversary lawsuit may be brough against me in bankruptcy court. An adversary is a lawsuit in which a creditor asks the court to make certain debt non-dischargeable. I understand that if I want The Semrad Law Firm, LLC to represent me in an adversary I must pay additional attorney's fees.

<u> 400 \_\_\_\_\_</u>

15. I have disclosed all prior bankruptcies that I have filed in the last eight (8) years. I further understand that if I have filed a Chapter 7 bankruptcy in the last eight (8) years, I am not eligible to file a Chapter 7 right now.

Igo \_\_\_\_

16. I understand that to be eligible for a Chapter 7 I cannot have any disposable income after paying all my monthly expenses, and I also have to pass the Form 122A Means test, and if I do have a significant amount of disposable income available or fail the Form 122A that I may be ineligible for a Chapter 7. I understand that if I do have any disposable income and we attempt to rebut the presumption, the United States Trustee may deem my case an abuse and I may have to convert to a Chapter 13 or let my case be dismissed.

Lgo \_\_\_\_

17. I understand and acknowledge that when I surrender real property through my Chapter 7 bankruptcy that the property is still my responsibility until it is sold at a foreclosure sale. I must keep up the property insurance and maintenance of said property, including, but not limited to, future water bills until the sale date. I understand that, if I neglect to maintain the property and am assessed city code violations, I will be responsible to pay those fines. Further, I must continue to pay homeowners and association fees after the bankruptcy is filed until the property is sold. If I do not pay these fees the Association can sue me for the balance of unpaid fees from the filing of the bankruptcy until the property is sold.

LJO \_\_\_\_\_

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The Semrad Law Firm, LLC 20 S. Clark Street, 28<sup>th</sup> Floor Chicago IL 60603

18. I understand that if I have a co-signer on any of my debts, the co-signer will still be responsible for that debt after the case is filed.

19. I agree that I authorized The Semrad Law Firm, LLC to file my bankruptcy case, after I reviewed my bankruptcy petition and schedules.

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| Debtor 1                                |  |   | Dobbs  | Case nu  | mber (if known)       |   |          |                |
|---|--|---|--|--|-----------------------|---|----------|----------------|
|   | First Name   | Middle Name   | Last Name  |  |                       |   |          |                |
|   |  |   |  | Column A<br><b>Debtor 1</b>  |                       | Column B Debtor 2 or non-filing spous   | se       |                |
|   | nployment compens  |   |  | \$0.00   |                       |   |          |                |
| Do n                                    | ot enter the amount is   | f you contend that the amou   | ınt received was a benefi  | t  |                       |   |          |                |
|   |  | ct. msteau, iist it nere.   | \$0.00   |  |                       |   |          |                |
|   | our spouse   |   | \$0.00   |  |                       |   |          |                |
| *************************************** |  | ***********   | N <del></del> )  |  |                       |   |          |                |
| 9. <b>Pens</b><br>bene                  | i <b>on or retirement in</b><br>fit under the Social Se  | come. Do not include any a<br>ecurity Act.  | amount received that was   | s a \$ <u>0.00</u>   |                       |   |          |                |
| amou<br>paym<br>interr                  | unt. Do not include ar<br>nents received as a vic  | sources not listed above. Sny benefits received under the tim of a war crime, a crime a errorism. If necessary, list ot ow. | ne Social Security Act or against humanity, or   | е  |                       |   |          |                |
| Othe                                    | r Government Assista   | ince  |  | \$192.00   |                       |   |          |                |
|   |  |   |  | +\$0.00  |                       |   |          |                |
| Total                                   | amounts from separa  | ate pages, ir any.  |  | 1,40100  |                       | '-                                      |          |                |
| 11. Cal                                 | lculate your total cu  | urrent monthly income. Ac   | d lines 2 through 10 for   | \$ <u>3,470.24</u>   | +                     |   | _  =     | \$3,470.24     |
|   | lumn. Then add the to  | otal for Column A to the total  | al for Column B.   |  |                       |   |          | 1              |
|   |  |   |  |  |                       |   |          | Total current  |
|   | •  |   |  |  |                       |   |          | monthly income |
| Part 2:                                 | Determine Whet   | ther the Means Test Ap  | oplies to You  |  |                       |   |          |                |
|   | The state of the s | monthly income for the ye   | Properties of the Committee of the Commi |  |                       | 2 500 300 2                             |          |                |
| 12a.                                    | Copy your total curre  | nt monthly income from line   | 11   |  | Copy line             | e 11 here →                             |          | \$3,470.24     |
|   | Multiply by 12 (the n  | umber of months in a year).   |  |  |                       |   | <u> </u> | X 12           |
| 12b.                                    |  | nual income for this part of t  |  |  |                       | 9                                       | 12b.     | 2 2 7 7 7      |
|   | ,  |   |  |  |                       |   |          | \$41,642.88    |
| 13 Calc                                 | ulate the median fa  | mily income that applies  | to you. Follow these ster  | ne:  |                       |   |          |                |
| 10 Guio                                 | alate the median ia  | mily moonie that applies  |  | 55.  |                       |   |          |                |
| Fill in                                 | the state in which yo  | ou live.  | Illinois   |  |                       |   |          |                |
| Eill in                                 | the number of people   | lo in your household  | 2  | and the state of t |                       |   |          |                |
|   | the number of peop   | le ili your nousenoid,  |  |  |                       |   |          |                |
|   | the median family in<br>ehold.   | come for your state and size  | e of   | 112211221112111211121112112112112112112  |                       | 0.2244000000000000000000000000000000000 | 13.      | \$68,687.00    |
|   |  | median income amounts, g  |  |  |                       |   |          |                |
|   |  | This list may also be availab   | e at the bankruptcy clerk  | 's office.   |                       |   |          |                |
| 14. HOW                                 | do the lines compa   | are?  |  |  |                       |   |          |                |
| 14a.                                    | Line 12b is less to Go to Part 3.  | than or equal to line 13. On  | the top of page 1, check   | box 1, There is no pres  | umption of ab         | use.                                    |          |                |
| 14b.                                    | Line 12b is more   | e than line 13. On the top o  | f page 1, check box 2, Ti  | he presumption of abuse  | e is determined       | by Form 122A-2                          | 2.       |                |
| Part 3:                                 | Sign Below   |   |  |  |                       |   |          |                |
|   |  | 1-10  |  |  | *****                 |   |          |                |
| Ву                                      | signing here, I declare  | under penalty of perjury that   | at the information on this   | statement and in any at  | tachments is t        | rue and correct.                        |          |                |
|   |  |   |  |  |                       |   |          |                |
| 4.0                                     |  | 71/0  |  | 4.0  |                       |   |          |                |
|   | /s/ Eric Dobbs   |   |  | *  |                       |   |          |                |
|   | Signature of Debtor 1  |   |  | Signature of Debto   | r 2                   |   |          |                |
|   | Date 8/10/2018   |   |  | Date 8/10/2018   |                       |   |          |                |
|   | MM/DD/YYYY   |   |  | MM/DD/YYY  | $\overline{\Upsilon}$ |   |          |                |
|   |  |   |  |  |                       |   |          |                |
|   | ■ n = n = n = n = n = n = n = n = n = n  | a, do NOT fill out or file Form<br>o, fill out Form 122A-2 and  |  |  |                       |   |          |                |

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**UNITED STATES BANKRUPTCY COURT** 

**Northern District of Illinois** 

| In re: _ | Dobbs, Eric Debtor(s) | Case No   |               |
|----------|-----------------------|---|---------------|
|          |                       | Chapter. Chapter7   |               |
|          | VERIFICATI            | ON OF CREDITOR MATRIX                                     |               |
| knowle   |                       | the attached list of creditors is true and correct to the | best of their |
| Date:    | 8/10/2018             | /s/ Dobbs, Eric  Dobbs, Eric Signature of Debtor          |               |

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| First Name Middle Name Last Name known)  t 2: List Your Unexpired Personal Property Leases  any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form ormation below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet enume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).  Describe your unexpired personal property leases  Will the lease be assum  Lessor's name:  Description of leased property:  Lessor's name:  Description of leased property: |                                     |
|---|-------------------------------------|
| any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form formation below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet enume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).  Describe your unexpired personal property leases  Will the lease be assum  Lessor's name:  Description of leased property:  Lessor's name:  Description of leased  Description of leased   |                                     |
| rmation below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet enume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).  Describe your unexpired personal property leases  Will the lease be assum  Lessor's name:  Description of leased property:  Lessor's name:  Description of leased  Description of leased  |                                     |
| Lessor's name:  Description of leased property:  Lessor's name:  No Yes  No Yes  Description of leased  | 106G), fill in the<br>nded. You may |
| Description of leased property:  Lessor's name:  No Yes  No Yes  Description of leased  | ied?                                |
| Lessor's name:  Description of leased  No Yes   |                                     |
| Description of leased   |                                     |
|   |                                     |
|   |                                     |
| Lessor's name:  |                                     |
| Description of leased property:   |                                     |
| Lessor's name:  |                                     |
| Description of leased property:   |                                     |
| Lessor's name:  |                                     |
| Description of leased property:   |                                     |
| Lessor's name:  |                                     |
| Description of leased property:   |                                     |
| Lessor's name:  |                                     |
| Description of leased property:   |                                     |
| Sign Below  |                                     |
| Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and a property that is subject to an unexpired lease.  | iny personal                        |
| X /s/ Eric Dobbs Signature of Debtor 1 Signature of Debtor 2  |                                     |
| Date 8/10/2018 Date MM/DD/YYYY Date MM/DD/YYYY  |                                     |

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| Debtor  |   |                               | Dobbs                          | Case number (if known)  |  |
|---|---|-------------------------------|--------------------------------|---|--|
|   | First Name                                  | Middle Name                   | Last Name                      |   |  |
|   | ithin 2 years before yeditors, or other par |                               | d you give a financial stater  | nent to anyone about your business? Include all financial institutions,                           |  |
| Ē   | Yes. Fill in the deta                       | ils below.                    |                                |   |  |
| -   | -   |                               | Date issued                    |   |  |
|   | Name  |                               | MM/DD/YYYY                     | _   |  |
|   | Number Street                               |                               |                                | ×   |  |
|   | City  | State Zip Code                |                                |   |  |
| Part 12   | Sign Below                                  |                               |                                |   |  |
| a ba  |   | esult in fines up to \$250,00 | 00, or imprisonment for up     | to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.                                     |  |
|   | 700000 00                                   | re of Debtor 1                |                                | Signature of Debtor 2   |  |
|   | Date 8                                      | /10/2018                      |                                | Date  |  |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |   |                               |                                |   |  |
| ☑<br>□  | No<br>Yes                                   |                               |                                |   |  |
| Did   | you pay or agree to                         | pay someone who is not ar     | n attorney to help you fill ou | it bankruptcy forms?  |  |
| V   | No  |                               |                                |   |  |
|   | Yes. Name of person                         |                               |                                | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|
| Debtor 1  | Eric                      |             | Dobbs                        |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |
| Case number (If known)                          |                           |             | (State)                      |  |  |  |

#### Official Form 106Dec

Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | 11: Sign Below   |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an a                                      | ttorney to help you fill out bankruptcy forms?  |
|     | <b>☑</b> No  |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the that they are true and correct. | e summary and schedules filed with this declaration and                                       |
| ×   | /s/ Eric Dobbs Signature of Debtor 1   | Signature of Debtor 2   |
|     | Date 8/10/2018 MM/DD/YYYY  | Date MM/DD/YYYY   |

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| Debtor 1 Eric<br>First Name   | Dobl<br>Middle Name Last  | bs Case no   | umber (if known)   |  |
|---|---|--|--|--|
| SECTION OF OUR CONTINUES.   | uestions for Reporting Purposes   | Name   |  |  |
| 16. What kind of debts do you have?   | 162. Are your debte primarily consumer debte? Canaumar debte are defined in 11 U.S.C. & 101(8) as   |  |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fund  No.  t Yes.  |  | exempt property is excluded and administrative to unsecured creditors? |  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000                                 | 25,001-50,000<br>50,001-100,000<br>More than 100,000                   |  |
| 19. How much do you estimate your assets to be worth?   | ▼ \$0-\$50,000<br>□ \$50,001-\$100,000<br>□ \$100,001-\$500,000<br>□ \$500,001-\$1 million  | \$1,000,001-\$10 m \$10,000,001-\$50 r \$50,000,001-\$100 \$100,000,001-\$50 | nillion \$1,000,000,001-\$10 billion s10,000,000,001-\$50 billion      |  |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 m \$10,000,001-\$50 r \$50,000,001-\$100 \$100,000,001-\$50 | nillion  |  |
| Part 7: Sign Below  | Lhave evenined this patition, and   | I dodara undar papalty of r  | portunithat the information provided in true and                       |  |
| For you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |  |
|   | Signature of Debtor 1  Executed on 8/10/2018  MM / DD /   | <del></del>  | Signature of Debtor 2  Executed onMM / DD / YYYY                       |  |